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**Learning for Life Through Building Families:  
Grandparents' Care for Babies and Toddlers in  
Scotland**

**Carolyn J. Hutchinson**


**Thesis submitted in part-fulfilment of the requirement for the degree of  
Doctorate in Education (EdD)**

**University of Edinburgh  
College of Arts, Humanities and Social Sciences  
The Moray House School of Education**

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## **Declaration**

I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

A handwritten signature in blue ink, reading "Carolyn J. Hutchinson". The signature is written in a cursive style with a large initial 'C' and a long horizontal stroke at the end.

## **Abstract**

In recent times there has been rapid growth in the UK and elsewhere in the number of grandparents who provide regular care for their grandchildren. In Scotland, more so than elsewhere in the UK, increasing numbers of grandparents voluntarily invest considerable amounts of time and resources in caring for their grandchildren on an informal, voluntary and part-time basis, as part of a mix of childcare arrangements, especially in the first two to three years of their grandchildren's lives. This widespread informal care in Scotland sits in the context of the Scottish Government's increasing concern about social inequalities. Associated with family care is a growing concern about the increasing proportion of older people in the population, both caring and cared-for, and the implications for economic growth, social and health care. There has also been increasing recent interest in the relationship between older people's employment, lifestyle choices and lifelong learning and their impacts on health and wellbeing and social participation in later life. At the same time, there is recognition that informal childcare, alongside formal arrangements, has an important role to play in determining educational, health, social and economic outcomes for both children and their families. The most recent policy commitments focus on reducing childcare costs for those parents who return to work or study and to improving the quality of formal early care in order to optimise learning. There is also an increasing focus on partnerships amongst education, health and social services and with parents and families.

However, while it is recognised that informal, regular grandparent-care is increasingly widespread, there has been relatively little discussion of the phenomenon from the grandparents' point of view, or of whether, or how, it might best be taken into account in childcare policy and practice. Prompted by personal and professional experience and based on the discussions of 18 Scottish grandparent-carers in five small groups in different community settings, this small-scale, qualitative study set out to explore grandparent-care from the grandparents' perspective: why they had made the commitment; how they learned and carried out their role; and the impact of their commitment, learning and practice in their particular community setting on their own lives, as well as those of their families and communities.

The participants' discussions revealed that their reasons for making a commitment to regular childcare were rather more complex than is generally assumed. Although economic considerations played a part, these grandparents had sought proactively to take on the role as much in their own as in their children's interests, concerned as much for their own wellbeing as well as for that of their children and grandchildren. Their discussions suggested that they found that grandparent-care to be quite distinctive from parent-care; taking on regular grandparent-care was a learning experience whose characteristics closely reflected those of the socio-cultural, lifelong learning and activity thought likely to benefit individuals and communities. Highly motivated and self-directed in their learning, they seemed to be seeking to redefine their role in their families, finding a new place, purpose and identity for themselves at a time of transition in their lives. They described adapting to the changing family and community context, building cohesion, nurturing reciprocal relationships and mutual trust, and supporting intergenerational collaboration and interactions in the extended family, especially involving their own children's generation. They also discussed how their developing practice might be supported locally and nationally in practical ways. The final part of the report discusses how treating grandparent-care as part of intergenerational family care and as a lifelong, community learning opportunity, might suggest ways of encouraging and supporting it in the future. In our rapidly changing world, drawing on the learning and experience of this growing group of 'third-age' learners to inform and develop future childcare practice in families and communities might prove to be to the benefit of at least three generations, contributing to wellbeing, social cohesion and social justice for all.

## **Acknowledgments**

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I am fortunate to have amongst my friends a number of former and present professional colleagues with rich experience of academic inquiry and the demands and challenges of writing a thesis. I am especially grateful to Myra, Louise, Lorna, Charlie and Angela for their steady and informed support and willingness to listen and share my thinking.

At the heart of the study were the 18 grandparents who participated in the fieldwork, giving so generously of their time to reflect on their experiences and contribute their insights about caring for grandchildren. Their enthusiasm, positive outlook and cheerful good humour were inspirational, in a world so often dominated by pessimism. I thank them all most sincerely for making the study possible.

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## CONTENTS

<b>Abstract</b>	<b>iii</b>
<b>Acknowledgments</b>	<b>v</b>
<b>PART 1: BACKGROUND AND CONTEXT FOR THE STUDY</b>	<b>1</b>
<b>Chapter 1: Background and overview of the study</b>	<b>1</b>
1.1 Brief outline of the study	1
1.2 Drawing on past experience: professional and personal perspectives	1
<i>Reflexivity</i>	1
<i>Personal and professional motivations</i>	2
<i>Personal perspectives</i>	2
<i>Professional perspectives</i>	4
1.3 Aims and limitations of the study	9
1.4 Overview of the thesis	9
<b>Chapter 2: Grandparent-care in its social and policy context</b>	<b>17</b>
2.1 The 'grey dawn': adapting to an ageing population	17
<i>Attitudes and expectations</i>	17
<i>Informal family care and caring in later life</i>	18
<i>Being a carer in Scotland</i>	19
<i>'There's a lot of it about'</i>	20
<i>Grandparent-care in the UK and Scotland</i>	21
2.2 Supporting grandparent-carers: the childcare perspective	25
<i>Free childcare hours</i>	25
<i>Informal childcare</i>	26
2.3 Supporting grandparent-carers: the health and wellbeing perspective	29
<i>Healthy ageing</i>	29
<i>The wellbeing of carers</i>	31
<i>The relationship between caring and wellbeing</i>	32
2.4 Supporting grandparent-carers: the learning perspective	33
<i>What and how learners learn: 'The nature of learning'</i>	33
<i>Lifelong learning and wellbeing for an ageing population</i>	34
<i>How learners learn</i>	36
<i>Communities of practice</i>	38
<i>Older people's participation in lifelong learning</i>	39
<i>Caring as learning</i>	40
2.5 The overall context for grandparent-carers in Scotland	40
2.6 Research questions	42



<b>PART 2: RESEARCH DESIGN, METHODOLOGY, METHODS AND FIELDWORK</b>	<b>43</b>
<b>Chapter 3: Research design, methodology and methods</b>	<b>43</b>
3.1 Research strategy and methodology	43
<i>The qualitative approach</i>	43
<i>The case for interpretative phenomenological analysis</i>	43
3.2 Validity and authenticity: professional and research perspectives	46
<i>Professional perspectives</i>	46
<i>Research perspectives</i>	47
<i>Validating the study</i>	48
3.3 Eliciting personal stories and reflections	49
<i>Communities of practice</i>	49
<i>Participants as co-researchers</i>	52
<i>Self-managed focus groups</i>	53
3.4 Ethical considerations	54
<i>Dimensions of validity</i>	54
<i>Personal perspectives</i>	55
<i>Professional perspectives</i>	56
<i>Context-specific perspectives</i>	57
<i>Cultural perspectives</i>	58
<b>Chapter 4: Conducting the fieldwork</b>	<b>61</b>
4.1 Recruiting participants for the study	61
<i>Approaches to recruitment</i>	61
<i>Recruiting participants</i>	62
4.2 Setting up self-managed focus groups	63
<i>Characteristics of groups</i>	63
4.3 Gathering data: prompts and processes	64
<i>Setting up discussions</i>	64
<i>Facilitating the discussions</i>	66
<i>Feedback from participants</i>	66
4.4 The researcher's role and perspective	67
<i>The researcher's role in discussions</i>	67
<i>Issues of reflexivity</i>	68
4.5 Analysing and interpreting the data	69
<i>Context and challenges</i>	69
<i>Analysis and interpretation of data in practice</i>	71

<b>PART 3: THE GRANDPARENTS' PERSPECTIVES</b>	<b>75</b>
<b>Chapter 5: Becoming a grandparent-carer</b>	<b>75</b>
5.1 Making the commitment	75
<i>Choosing to care</i>	75
<i>Family considerations</i>	78
<i>Family benefits</i>	79
5.2 Adapting to the role	80
<i>Ready to care</i>	80
<i>Commitment to care</i>	84
5.3 Building and sustaining relationships	86
<i>Family relationships</i>	86
<i>Relationships with partners</i>	87
<i>Relationships with grandchildren</i>	88
<i>Relationships with children</i>	90
<i>Grandparent-care as a distinctive practice</i>	93
<i>Reciprocity</i>	94
5.4 Key findings and discussion: win, win, win?	96
<i>Key findings</i>	96
<i>Benefits to grandchildren</i>	99
<i>Benefits to parents</i>	99
<i>Benefits to grandparents</i>	100
 <b>Chapter 6: Grandparent-care in the community</b>	 <b>103</b>
6.1 The community's view of grandparents	103
<i>The social setting</i>	103
<i>The role of grandfathers</i>	107
6.2 Grandparents' views about childcare in the community	109
6.3 Practical community support for grandparent-carers	112
6.4 Participating in a coordinated support group	114
6.5 The role of the State	117
6.6 Key findings and discussion	120
<i>Key findings</i>	120
<i>Community attitudes towards grandparent carers</i>	123
<i>Local support for grandparents</i>	123
<i>Support from the state</i>	124

<b>Chapter 7: Caring as intergenerational learning</b>	<b>127</b>
7.1 Grandparents' learning: the 'what' and the 'how'	127
7.2 Learning from a previous generation of grandparents	131
7.3 Learning from the experience of parenthood	133
7.4 Learning with and from children	137
7.5 Learning with and from grandchildren	141
7.6 Learning in communities of practice	146
7.7 Learning or not? Feedback from participants	150
7.8 Key findings and discussion	154
<i>Key findings</i>	154
<i>Engagement in learning</i>	157
<i>Learning about caring</i>	158
<i>Learning collaboratively</i>	158
<i>Reciprocal learning</i>	159
<i>Caring as learning in communities of practice</i>	160
 <b>PART 4: FINDINGS AND IMPLICATIONS FOR POLICY AND PRACTICE</b>	 <b>163</b>
 <b>Chapter 8: Discussion, conclusions and next steps</b>	 <b>163</b>
8.1 Taking a step back: reflexivity and limitations	163
<i>Reflexivity</i>	163
<i>Limitations of the study</i>	164
8.2 Any answers? Research questions revisited	164
<i>Why do grandparents commit to caring for a grandchild on a regular basis and how do they experience their role?</i>	164
<i>How do grandparents learn and develop their caring role and what are the main influences that shape their practice?</i>	166
<i>What kind of encouragement and support might enhance grandparents' experience and practice of childcare and who might provide it?</i>	167
8.3 Worth supporting? Planning for the future of family care	167
8.4 Projecting a positive view of active older people and family care	169
8.5 Promoting partnership working across policy, research and practice communities	170
8.6 Supporting informal, intergenerational family care through the life-course	171
8.7 Enabling and supporting carers to combine work and family care commitments	172
8.8 Considering caring as part of lifelong learning	177
8.9 Final reflections: the role of research	181

<b>REFERENCES</b>	<b>185</b>
<b>APPENDICES</b>	<b>205</b>
Appendix 1: Communication with participants	205
1.1 <i>Recruitment flier for nurseries, playgroups, local surgeries</i>	205
1.2 <i>Introductory letter to volunteer participants</i>	206
1.3 <i>Participants' Consent Form</i>	209
1.4 <i>Letter to participants to confirm agreement to transcripts</i>	209
Appendix 2: Composition of discussion groups	211
Appendix 3: Prompts for discussion and feedback	213
3.1 <i>Prompts for groups meeting 3 times</i>	213
3.2 <i>Prompts for groups meeting once or twice</i>	213
3.3 <i>Follow-up questions for feedback from participants</i>	214
3.4 <i>Excerpt from Feedback transcript</i>	214
Appendix 4: Data Management Plan	217
Appendix 5: Excerpt from transcript with initial comments	219
Appendix 6: Themes and categories from transcripts	221
6.1 <i>Excerpt from setting out themes and categories across discussions, by group</i>	221
6.2 <i>Excerpt from mapping themes and categories across discussions, across groups</i>	223
6.3 <i>Excerpt from Moving between categories and broad themes</i>	225
6.4 <i>Excerpt from Inventory of discussions: categories by chapter in thesis</i>	226
6.5 <i>Final chapter headings, themes and categories</i>	227
Appendix 7: Inventory of quotations	229
7.1 <i>Childhood experiences of grandparents</i>	229
7.2 <i>Experience as a parent</i>	232
7.3 <i>Experience of family and community support</i>	234



## **PART 1: BACKGROUND AND CONTEXT FOR THE STUDY**

### **Chapter 1**

#### **Background and overview of the study**

##### **1.1 Brief outline of the study**

Recent reports about both ageing and childcare in Scotland indicate that the number of grandparents providing informal care for their grandchildren on a part-time basis is substantial and increasing, raising questions for policy-makers about how their contribution should be taken into account in planning childcare provision. This small-scale, qualitative study seeks to contribute to the debate considering grandparent-care from the carers' perspective. It first reviews the wider policy and social context for grandparent-care which might influence grandparents' experiences and practice. It then explores how a small number of Scottish volunteer, regular part-time carers of infants and toddlers under-3 experience their role, including their reasons for making the commitment; what influences the quality of their experience; the impact on their lives; and the influence of their immediate and wider communities. Based on current thinking about the kinds of skills, activities and experiences that characterise effective lifelong learning and its benefits for learners and communities, attention is also given to the extent to which the process of caring for a grandchild might reflect these characteristics and involve some informal, experiential learning for the grandparents. The final section considers how the insights provided by participating grandparents might help to shape future encouragement and support for their role.

##### **1.2 Drawing on past experience: professional and personal perspectives**

###### *Reflexivity*

Many writers emphasize the importance of researcher reflexivity in qualitative research. Ball (1990) observed that:

The social trajectory through fieldwork, the researcher's distribution of time and energy, in different places, with different people, at different times, needs to be carefully and skilfully produced by deliberate choices and reflexive decision-making. Reflexivity provides the mechanism for relating social relations to the technicalities of data

collection, and thus it is the basis of rigor .... The social skills and creative intelligence of the fieldworker are emphasised in contrast to technical competence (Ball, 1990, p.157).

Jamieson (2011) noted that reflexivity in the research process will need to be especially intense when, as in this case, personal histories and relationships and are part of both doing the research and its subject matter.

### *Personal and professional motivations*

I had both professional and personal reasons for an interest in grandparent care and its impact on grandparents' lives. As I embarked on the EdD programme in 2012, I drew on my experiences to shape my new learning and the thinking and planning that went into this study. Several themes from my professional and personal lives would eventually prove influential in my interest in grandparent-care, in my approach to designing the study and gathering, analysing and interpreting data from fieldwork, and in considering the possible implications of the findings for policy and practice.

My various professional roles in Scottish education over some 40 years encompassed policy and practice in curriculum, pedagogy, research and especially assessment and evaluation, from the early years through to further and higher education. Particularly over the last 14 years of my career, following the establishment of a Scottish Parliament and the devolution of powers, my role was to develop and pilot an assessment system for the 3-14 years. The role required understanding of evidence-based policy-making, relationships and partnerships amongst research, policy and practice, and the practicalities of putting policy into practice. Developing this understanding proved to be a personal learning journey for all the members of the team, individually and collectively (Hutchinson and Hayward, 2005).

### *Personal perspectives*

From a more personal perspective, by 2007 divorce and the approach of retirement had combined to disrupt a hitherto relatively settled and satisfying professional and family life, affecting my personal and professional relationships as I contemplated the transition into a new phase as a single, retired person. As well as continuing to work, I found myself adapting my continuing and mostly successful role as a parent and taking on the role of what I later learned to be termed 'kin-keeper' in a rather unsettled but growing extended family. When my first grandchild was born in July

2009, my daughter wanted to return to part-time work and I reduced my working hours to look after the baby for a day each week, sharing the care with my daughter's mother-in-law and step-father, who took a second day. With the arrival of a second grandchild in 2010, and a similar commitment to a day each week for my son's family, I found myself becoming increasingly comfortable and confident in my caring role as I gradually learned how to manage the complex relationships and interactions involved. Caring for a grandchild seemed to be an important element in adapting to new circumstances and finding a new identity in my 'third age'. Many of my peers were playing a similar role in their own families, most apparently regarding the benefits of the role as greatly outweighing the disadvantages. Unwittingly, we were following the 'grandparents plus' early childcare pattern of many Scottish families (Bradshaw and Wasoff, 2009, p.23)

Once having developed an interest, some initial inquiry indicated that informal childcare by grandparents was very widespread in the UK, increasing, and more common in Scotland than elsewhere. From an economic perspective, grandparents' contribution to childcare could be considered as an investment, having both economic and social significance; if their care was significant, it was likely that what grandparent-carers did might also be important for both their families and for early learning and childcare policy. However, up until recently comparatively little attention seemed to have been paid to grandparent care from the grandparents' perspective, to their motivation and the impact on their daily lives as their roles, responsibilities and status in their families and local communities changed over time. As individuals they seemed to have been largely invisible as volunteers in family settings, with no local registers of grandparent-carers and no real framework for interactions between them and community health, education or social services.

These personal circumstances helped to determine the focus, scope and design of the study. My own positive experience of learning to care for grandchildren would influence the way that I listened to and interacted with the volunteers who participated in the study, colouring my interpretation of the data. I needed to bear this in mind as I determined how to go about eliciting responses from participants, conducting the fieldwork and analysing participants' discussions (Chapters 3 and 4).



### *Professional perspectives*

From my professional life, five key ideas emerged as influential in the design and conduct of the study. The first of these relates to what children and young people need to learn to flourish in a rapidly changing world. In the early years of the 21<sup>st</sup> century, following a National Debate about education, the Scottish *Curriculum for Excellence* was reformed to encompass pre-school, school and college education in a single framework (Scottish Executive Education Department, 2004). This framework would necessarily determine the direction of an assessment policy to support and evaluate learning. The curriculum's 'purposes' of developing successful learners, confident individuals, responsible citizens and effective contributors, recognised that individuals were living in an increasingly diverse, complex and interconnected world, facing collective challenges such as balancing economic growth with environmental sustainability and prosperity with social equity (Organisation for Economic Co-operation and Development, 2005).

The Purposes were intended to represent a broad range of outcomes, going well beyond conventional subject knowledge to encompass *Skills for Learning, Skills for Life and Skills for Work* (Education Scotland, 2009). They brought together 'academic' and 'vocational' learning, emphasising the importance of skills, attitudes and values for learning, health and wellbeing, and respectful and constructive relationships fostering respect, responsibility and tolerance. In some respects the reorientation of the curriculum towards cross-cutting skills and wellbeing also brought it more closely into line with thinking about early learning (Learning and Teaching Scotland, 2010), emphasising the 'self-esteem, confidence, and independence needed to face future challenges' (Foreword, p.v). It also seemed to complement the principles and wellbeing indicators of *Getting It Right For Every Child* (GIRFEC)<sup>1</sup> that was getting under way at the time and aligned with health and wellbeing in the new curriculum (see also Chapter 2).

From professional experience, the idea that to flourish in a rapidly changing world, learning needs to encompass both subject knowledge and the skills, attitudes and values that contribute to wellbeing, led me to consider grandparent-carers' learning and practice as being not just about childcare and child development, but also about relationships, attitudes and self-management. This led to consideration of lifelong

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<sup>1</sup> <https://www.gov.scot/Topics/People/Young-People/gettingitright>

learning (Chapter 2) as a basis for both analysis of the data (Chapter 7) and consideration of the implications of the findings (Chapter 8).

The second key idea relates to collaborative learning in practice communities. Consideration of a valid national assessment system would need to start from what and how learners were learning; the new curriculum incorporated many aspects of learning that were considered important but were not easily measurable in tests and examinations in the conventional sense (see also Chapter 3 on validity). The development team turned to research to explore different ways of approaching evaluation of a range of different kinds of learning for different purposes, drawing especially on the work of the Assessment Reform Group (ARG)<sup>2</sup>. Over its pilot years, the *Assessment is for Learning* (AifL) programme focused especially on assessment *for* and *as* learning, alongside the more familiar assessment *of* learning, working with teachers to explore how to bring assessment and pedagogy together as two sides of the same coin. A key principle was that classroom assessment depended on ‘high quality interactions, based on thoughtful questions, careful listening and reflective responses’ (Hutchinson & Young, 2011, p.65). Taking a school as ‘a place where everyone is learning together’, both teachers and students as learners shared a concern for understanding learning and collaborating in classroom communities, using feedback to identify strengths and development needs and plan next steps in learning (Hutchinson and Hayward, 2005).

The idea of collaborative learning in practice communities was not limited to classrooms but extended also to professional learning and development and to the design of the development programme itself. Translating the assessment framework into sustainable operational working practices in schools and colleges involved transforming the prevailing culture of assessment and pedagogy. To this end, the programme built particularly on the ideas of Senge and Scharmer (2001) about how to achieve sustainable, transformational change by creating infrastructures that would support learning and community building amongst all participants, including myself and all those in its management group, as part of a lifelong learning process. Local learning communities of professionals across Scotland with a shared statement of purpose and set of guiding principles were invited to focus on key change issues for assessment and create for themselves

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<sup>2</sup> <http://nuffieldfoundation.org/assessment-reform-group>

projects that would, over time and iteratively, serve to deepen the common purpose and improve infrastructures, supporting them to learn and change together (Senge & Scharmer, 2001, p.242). These ideas subsequently came to underpin much of the thinking in Scotland about professional development, including in *Teaching Scotland's Future* (Donaldson, 2010; Livingston and Hutchinson, 2017).

This second idea, that learners learn collaboratively in practice communities, also took me further into recent theories about learning, especially socio-cultural learning. The insights from those theories became the basis both for designing the fieldwork for the study (Chapters 3 and 4) and for analysing data (Chapter 7). It would also inform the reflections on the possible implications of the findings for policy and practice in Scotland (Chapter 8).

A third key idea was about the relationship and synergy between large-scale quantitative data and local, more qualitative data. Central to an assessment system was consideration of the role and purposes of large-scale testing and the impact of the uses of the resulting data on education policy on the one hand and schools and learners on the other. Scotland had a long-standing national monitoring programme<sup>3</sup>, sampling schools, pupils and curriculum content and reporting at national level. The survey needed to reflect the content of the Scottish curriculum accurately; also important were the way data were reported and the potential of involving schools and teachers in its administration to develop their understanding of both assessment and pupils' learning. At the same time the OECD's *Programme for International Student Assessment* (PISA)<sup>4</sup> was becoming established, with 15-year-olds from Scotland participating as part of a UK sample for the first time in 2003<sup>5</sup>. Over the next few years, data from PISA and comparisons with other countries became increasingly influential in national education policy in the UK and in Scotland, both in assessment and in education more generally. As work on the national assessment system progressed, it became clear that both large-scale data and detailed local evidence about learning were important: the proposed national system of assessment included a diagram showing how both large-scale and local,

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<sup>3</sup> Assessment of Achievement Programme (AAP) <https://www.gov.scot/Publications/2005/03/20882/54916>;  
Scottish Survey of Achievement <https://www.gov.scot/Publications/2006/06/29141936/0>

<sup>4</sup> <http://www.oecd.org/pisa/>

<sup>5</sup> The UK participation rate that year was too small to allow valid comparisons with other countries.

learner-focused assessment information might best be gathered and used in an integrated way, to the benefit of learning and learners (SEED, 2005, p.2).

This third idea prompted me to think about parallel considerations for research. The decision to undertake a small-scale, qualitative study of informal childcare, in the belief that it could contribute to a debate about childcare mainly based on information from large-scale surveys (Chapter 3), and reflections about further enquiry (Chapter 8), were partly prompted by this idea.

A fourth key idea was that change is not an event but a community learning process. As a policy team we were fortunate to have continued funding over six years, allowing us to build the programme iteratively in a continuous, progressive cycle, where research informed the development of assessment policy; putting that policy into practice in local pilot projects allowed those involved to contribute their ideas and insights; evaluation of the pilot projects, at both local and national level, identified where things had gone well and what might need to be changed in the second iteration, as well as what further research might be helpful.

This fourth idea informed the analyses in Chapters 5, 6 and 7, which considered how the grandparents adapted their practice to their changing circumstances as their grandchildren grew and changed. The idea of an iterative research-policy-practice cycle and the importance of the evaluation of policy initiatives for their impact, to ensure that the consequences were aligned rather than in tension, was influential in framing the possible implications of the findings for policy and practice (Chapter 8).

Finally, a fifth key idea also came from a policy perspective. It was clear from the start of AifL that working across research, policy and practice communities was important, seeking perspectives from across academic disciplines and Government departments ('top-down') as well as from the practitioners, learners and parents in local communities at the 'sharp end' of learning ('bottom-up'). The Assessment Reform Group's activity had quite explicitly targeted policy-makers in Government and its agencies, as well as working closely with teachers, teacher organisations and local education authorities, to help them to understand the significance of assessment research for their work. In the context of *A Curriculum for Excellence*, it was clear that there was potentially helpful research evidence about learners and

learning to be considered from education, health, psychology and sociology, amongst others, and that different policy teams were taking account of such research in different ways and for different purposes.

Over the early years of the assessment programme, the GIRFEC framework in Scotland was starting to model ways in which children's services could be integrated across national and local contexts to promote children's wellbeing, 'joining the dots' amongst young people, their families, health, education, social services and the third sector, building on relevant research from across disciplines. This approach was adapted into the AifL programme design, so that every group involved in managing or developing the work included individuals with a policy, research and/or practice role in their professional remit. They each brought shared experience and expertise to the work, building working relationships, gaining new insights and making new connections across learning, to the benefit of individuals, local groups and the AifL community. While policy in Scotland is not yet entirely 'joined-up', as a small country there is certainly the potential to be so, not least in tackling the considerable economic and social challenges that face us.

This fifth idea about 'joining the dots' amongst disciplines and Government departments prompted both the broad focus of my background reading for the study and the reflections about future action. In considering the role of informal childcare at least, I would like to think that the dots can be joined, to everyone's advantage (Chapter 8).

It was my own positive experience as a grandparent-carer that led to an interest in how grandparent-carers might learn and experience their role and the effect of their learning and practice on their own and their families' health and wellbeing. The five key ideas from my professional life would inform my decision to consider grandparent-care as a learning process, the overall design of the study, and my approach to gathering and analysing the data from fieldwork. Finally, throughout the process of investigation, all of the ideas set out above would need to be acknowledged as shaping the work from a personal perspective in particular ways, in the interests of reflexivity as a researcher.

### **1.3 Aims and limitations of the study**

This study is about informal childcare by grandparents, from the grandparents' perspective. It is also about learning, on the part of individuals, communities and policy-makers, about informal childcare and about its impact on people's lives and wellbeing; and on how grandparent-care might be taken account of and supported, locally and nationally.

Initially, therefore, the aims of the study were to:

- explore the relationships amongst informal childcare, early and lifelong learning and health and wellbeing, focusing especially on the impact of their learning and practice on the lives of the grandparents themselves, as well as other family members including their children and grandchildren, and the wider community.
- to consider the relationship between families, the community and the state in providing care for family members, and how best to support grandparent-carers in their role in informal care in the extended family and community context.

It should be emphasised that this small-scale, qualitative study can make no sweeping claims about the views and perspectives of Scottish grandparent-carers as a whole. The 18 grandparents involved were limited to regular carers of very young children (0-3); their views were very personal, rooted in their particular family and community circumstances and experiences at the time of the discussions. However, there was a degree of consistency across the small groups involved that suggests that others in similar circumstances might share at least some of their perspectives and that it might be worth exploring that possibility further. Taken together with research and findings based on larger-scale surveys, their accounts might help to illuminate our understanding of informal childcare and focus thinking about the best ways of taking account of the extensive informal grandparent care in Scotland in developing childcare policy.

### **1.4 Overview of the thesis**

This thesis has eight chapters, grouped in four parts. In Part 1, Chapters 1 and 2 provide a background for the thesis and review the policy and practice context for grandparent care in Scotland. In Part 2, Chapters 3 and 4 deal with research design, methods and methodology, including an account of the processes of setting

up and conducting the fieldwork and gathering, analysing and interpreting the data. In Part 3, Chapters 5-7 cover the findings from fieldwork. The final chapter revisits the research questions and suggests some possible implications of the findings for childcare policy and practice in Scotland.

Readers should note that in place of a more standard 'literature review' chapter, references to the relevant literature are distributed throughout the thesis, to support analysis and discussion in each chapter. Where information is taken directly from websites rather than published documents, references are included as footnotes.

## PART 1

Chapter 1 of the thesis starts with a brief summary of its content. This is followed by an account of aspects of the personal and professional experience that influenced my decision to embark on a doctoral programme, in the choice of topic and in the approach to carrying out the study. There is detail about five key ideas that emerged from the experience of managing a Government development programme, putting policy into practice. The chapter concludes with two overall aims for the study and a brief note about its limitations.

Chapter 2 takes as its starting point findings from European and UK research that a particular setting for informal childcare helps to determine its characteristics. Recognising that the cultural, social and policy context for grandparent-care will affect its impact on both carers and families, the chapter outlines the Scottish context for grandparent-caring. It considers recent evidence about the challenges of adapting to an ageing population and current attitudes towards and expectations of older people, particularly with regard to their role in informal family care and caring in later life. It then considers the economic and health contexts for family care and sets out the extent and characteristics of grandparent-care in Europe, the UK and Scotland. The concluding sections consider the nature and extent of support for grandparent-carers from three perspectives: early learning and childcare policy and practice; health and wellbeing; and lifelong learning. The chapter concludes with the three research questions that determined the design and fieldwork for the study.

## PART 2

Chapter 3 outlines my approach to the design of the study. The first section sets out the rationale for taking a qualitative approach, arguing that investigating the experiences of a small number of participants can provide understandings that complement insights from large scale data-analysis. The choice of Interpretative Phenomenological Analysis (IPA) to handle the data is justified on the grounds of its suitability for the exploration of participants' identities and agency in social settings, with the researcher taking an active role in the enquiry. The following section explores validity in research, considering the contributions of technical quality, interpretation plausibility and ethical considerations, if claims are to be made about the trustworthiness of observations, interpretations and generalisations. In the third section I make the case for gathering fieldwork data through self-managed focus groups, treating participants as co-researchers in the enquiry, based on recent thinking about learning in communities of learning, enquiry and practice. The final section sets out ethical considerations that are especially important in a study involving people's family lives, emphasising the importance of reflexivity and transparency on the part of the researcher as well as responsibility to the research and wider communities.

Chapter 4 describes the practicalities of conducting the fieldwork, from securing its ethical and technical basis, through recruiting participants and recording their discussions, to processing, analysing and interpreting the resulting data. I explain why snowballing and friendship pyramiding came to be used to recruit participants and build five small friendship/community groups in four different Scottish locations. Prompts were used as a basis for groups' discussion; transcripts provided between meetings and the opportunity to provide feedback by telephone both allowed participants to reflect on their experience of participation as 'co-researchers'. I acknowledge several challenges raised by the analysis of the transcripts, taking account of the importance of reflexivity in considering the co-constructed meanings established amongst the participants and with myself. I describe the process of analysis, which moved from transcription of the audio recordings through documenting and connecting emerging theme titles, analytical and theoretical ordering and clustering of themes, to the compilation of 'directories' of the phrases



from the transcripts. This process led to identification of three main superordinate themes that formed the titles of the three chapters in Part 3.

### PART 3

Chapter 5 is the first of three chapters that set out the findings from fieldwork, focusing on how the participant grandparents experienced the process of becoming a grandparent in their family settings. It considers how they came to take on the commitment to regular care; how they adapted to the role; and how they prioritised building and sustaining family relationships as part of their childcare practice. The chapter concludes with a discussion of the possible implications of the findings for the three generations of family members involved.

There are five key findings from Chapter 5:

- The grandparents had been proactive in making the arrangements to care for their grandchildren. Although they recognised that their informal grandparent-care had the advantage of contributing to the cost and flexibility of childcare, their main impetus for taking on a caring role seemed more about building and nurturing families with their time, companionship and emotional support.
- These grandparents thought that their practice was different from parent care. They felt they had reached a point when they felt 'ready' to take on this particular caring role, making a distinctive and valuable contribution to their children's and grandchildren's lives.
- It was important to these grandparents that the role they had taken on was part-time and/or shared. The physical aspects of their role were demanding, particularly for those committed to more time each week. They felt responsible to be adaptable and fulfil their commitments, even if it proved disruptive to their personal and social lives.
- Active participation in the family care and decision-making focused especially on nurturing relationships across generations. Making the commitment to care for their grandchildren seemed especially strongly related to their continuing and changing role as parents and to nurturing and developing the complex and demanding relationships with their own children and children-in-law.

- Grandparent-caring for these grandparents, at a time of transition and change in their lives, seemed to be in the best interests of the wellbeing of all the participating members of the family, not least themselves, in that the care was to some extent reciprocal. Overall there seemed to be likely benefits from ‘intergenerational solidarity’ to themselves, to their children and to their grandchildren.

Chapter 6 turns from family settings to consider how grandparents related to their local and wider communities. It considers their perceptions of how the community viewed them; of local arrangements for nursery and childcare; and of the practical community support for grandparent-carers provided locally. There is an account of the experience of a few of the participants of participating in a local coordinated support group. The final section sets out participants’ views about the role of the state in childcare arrangements.

There are six key findings about grandparent-care in the community:

- Participants recognised that society had changed from when they were parents. Grandparent-care was now widespread and generally accepted but some local communities felt more supportive than others; local attitudes could influence grandparents’ decision to provide childcare.
- The grandparents suggested that community anxiety about children’s safety in recent years had eroded trust of carers in the community, making grandparents as known family members a safer option than more formal alternatives.
- Participant grandfathers were sensitive to community attitudes towards them but were generally confident and assertive in promoting their role as carers. They recognised that care by grandfathers was a recent phenomenon and that attitudes towards them were ambivalent and slow to change.
- The grandparents agreed that a blend of informal and more formal nursery care was beneficial to their grandchildren in the 0-3 years. For themselves, they were less convinced about playgroups, where they sometimes felt less welcome or respected. They generally appreciated their local facilities for their range and ‘child-friendliness’, but there was a lack of provision for toddlers in school

holidays and the cost of some provision was a barrier to participation for the less affluent amongst participants.

- These grandparents were resistant to the idea of being told by professionals how to care for their grandchildren and preferred to find advice for themselves, although a 'helpline' for grandparents was suggested. A local facilitated support group was, however, providing effective support for the grandparents who chose to attend, providing practical advice and information, respite and reassurance, and a sense of inclusion and solidarity.
- The grandparents expressed particular concern about the likely impact of recent changes in retirement and pension arrangements on informal childcare and families. They generally lacked awareness of existing state support for their role and expressed considerable scepticism about the political will in Government to act in their interests.

Chapter 7, the last of three chapters reviewing grandparents' perspectives considers the extent to which the grandparents' accounts of their experiences seemed to match recent thinking about lifelong learning, and if so, how such learning might impact on individuals' and families' wellbeing. The various sections consider what grandparents might be learning from their practice; how they use learning from their recollections of being grandchildren and parents themselves; how they learn with and from their children and grandchildren; and their learning in family and community practice communities. A final section considers feedback from participants about participating in this study as a learning experience. The chapter concludes with key findings and discussion about different aspects of caring as a learning experience: engagement in learning; learning about caring; learning collaboratively; reciprocal learning; and learning in communities of practice.

There are six key findings about grandparent-care as a learning experience:

- Participants thought of themselves as learning and despite some initial concerns about their capacity to learn new ways of doing things, were well-motivated to learn to be effective family carers, and increasingly confident that they could do so.

- The grandparents' personal histories were a key source of ideas about how to be family and care for children. They were adept at reflecting on their past experiences as children and parents and adapting them to current circumstances.
- Those participants who as children had been part of an extended family with grandparents, were keen to build and nurture similar extended family networks and pass on experience and skills, especially practical skills, providing continuity in family history and culture.
- Within their family practice communities, participants encouraged and valued interactions and collaborative problem-solving with their grandchild's parents. They worked hard to establish respectful relationships, agree boundaries for their practice and the children's behaviour, provide feedback and adapt their approaches flexibly to change and growth. They also acknowledged gaps in their knowledge about childcare and took steps to fill them.
- These grandparents wanted the best for their grandchildren, especially encouraging their confidence and independence. They brought learning about children's wellbeing and development from previous experience and also learned about them continuously as part of their on-going day-to-day practice, through close observation, reciprocal relationships and interactions in shared activities.
- It was evident from the grandparents' comments on their participation in their families as communities, and in the study's focus groups, that they were actively learning with and from one another, clearly reflecting current theories about constructed, situated, self-managed and collaborative learning in communities of practice.

#### PART 4

The final chapter, Chapter 8, first revisits the limitations of a small-scale study and the importance of reflexivity in gathering and reflecting on the participants' views. I then review the research questions and consider what the evidence has contributed to answers. Linking Part 1 of the thesis with Part 3, I review the overall findings from the fieldwork in the context of the Scottish setting for grandparent-care and the implications for its future place in the provision of childcare in Scotland. Taking the view that grandparent-care is worth promoting and incorporating into childcare

policy, I consider what might usefully be done by Government and policy-makers, public and third sector organisations, employers, local communities, researchers and the carers themselves, to support and encourage grandparent-care.

My recommendations, applicable to all of these stakeholders, include the following:

- promote partnership working across policy, research and practice communities;
- support informal, intergenerational family care through the life-course;
- enable and support carers to combine work and family care commitments;
- consider caring as part of lifelong learning.

Building on the some of the ideas set out in Section 1.2 above, Chapter 2 now explores the Scottish context for the grandparent-carers who participated in this study.

## **Chapter 2**

### **Grandparent-care in its social and policy context**

Chapter 1 summarised a number of key ideas from personal and professional experience that prompted the focus for this study and helped to identify areas for further investigation in advance of fieldwork. In the light of current understanding about the role of older people in families, the extent of Scottish grandparents' involvement in supporting their families' lives through informal childcare suggests that they could be having a considerable influence on the lives and wellbeing of their families and communities, affecting generational solidarity as well as shaping their own lives and futures, in ways that are not always well-documented or understood.

Studies of grandparent-care in Europe and the UK suggest that although informal grandparent-care is widespread throughout, the cultural, socio-demographic and welfare state-related factors that shape the extent and characteristics of childcare vary across and within countries. This chapter therefore considers the UK and especially the Scottish context for the participant grandparents' caring role, focusing on the interactions between policy, families and older people which make up the cultural and community attitudes and practices that involve them.

#### **2.1 The 'grey dawn': adapting to an ageing population**

##### *Attitudes and expectations*

Attitudes and expectations towards older people are likely to play an important part in shaping grandparents' experiences of care. In the UK, older people are increasingly perceived as a potential burden on economic, social, health and welfare resources, disadvantaging following generations (see, for example, the Resolution Foundation (2018) report, *A New Generational Contract*). The political debate has focused on economics: the accumulation of wealth by more affluent older people, the age at which working people should retire with a state pension, and how to redistribute resources in favour of the millennial generation. Across these dimensions lie continuing debates about social equity, fairness, equality of opportunity, the relationship between the state and the family and the extent to which either should take responsibility for caring for family members (Government Office for Science, 2016a). For the Resolution Foundation (2018), the

‘intergenerational contract’ which ensures that each generation cares and is cared for throughout the life-course is threatened by an ageing society, where the proportion of the working age population aged between 50 and the state pension age will increase from to 35% in 2050; by 2044, those over 65 will represent 25% of the total population. Public spending on health, care and social security is predicted to rise by £63 billion by 2040.

The Government Office for Science’s report (2016a) acknowledged that to grow old in a society where more people are young is fundamentally different from doing so in a society where more people are older, with implications for both individuals and families. Older people would find themselves expected to contribute more to society as workers, tax-payers, volunteers and carers. Care of older people has also been the focus of attention, with informal care by family members (often older people themselves) recognized as making an important contribution and deserving of support, alongside state-funded arrangements for later-life and end-of-life care (Scottish Government, 2015). However, the extent and impact of informal family childcare by older people on a part-time basis has been recorded but, until recently, been largely taken for granted.

#### *Informal family care and caring in later life*

Perceptions about family care and carers will influence the way carers experience their role. The UK reports quoted above took families as crucial in the face of concerns about unsustainable health, economic and social care as the population ages, focusing especially on care of the elderly. Leeson (2018) described how as families had become smaller and separation and divorce, including amongst older couples, had become more frequent, so-called ‘beanpole’ families had emerged, where families were characterised by increasing numbers of generations within the same family network but with fewer members per generation (Hoff, 2015). Statham (2011) forecast increasing expectations on the growing number of older people in these families to take on roles as family carers in the face of reduced availability of public funding for care. The *Foresight* report took the view that this might also increase the pressure on individuals to care for dependents, especially the elderly, for longer periods of time; families would face increasing pressure to balance care with other responsibilities, particularly work (Government Office for Science, 2016a).

However, Keating et al. (2015) pointed out that paradoxically, while older people were often viewed as advantaged in discussions about generations, they were often seen as dependent in regard to family generational strengths and interactions: there were tensions between the increasing expectations of families to care for their dependents and concerns about their capacity to do so. They warned that 'beanpole' families might become more varied in levels of solidarity and support, with unpredictable implications for health, economic and social care systems. Several reports have warned that the implications of caring roles for gender inequalities also need to be considered. Family care has traditionally been thought of as 'women's work', unpaid and under-valued: women typically continue to do more of the caring work than men (Jamieson, Ribe and Warner, 2018). It is clear that older people (often women) can be caring for both older and younger family members – the 'squeezed generation'<sup>6</sup>; the higher rates of informal caring for women compared with men has meant that women disproportionately bear the financial costs of informal care (Nazroo, 2015). Changing assumptions about women's employment, marital status and family formation would be likely to have an impact on intergenerational family relations and the family's caregiving capacity (Hoff, 2015). Supporting unpaid carers to balance other competing responsibilities, particularly work, would be needed in order to meet the increasing demand for unpaid carers (Government Office for Science, 2016a).

### *Being a carer in Scotland*

In Scotland, some progress has been made in linking informal family care with health and wellbeing. In anticipation of the growing need for family members to care for each other, the Scottish Health Survey (Scottish Government, 2016) enquired about both the health of older people and their involvement in caring for family members, asking participants if they gave regular unpaid support to family members, friends, neighbours or others because of a long-term health condition or problems related to age. The survey also asked about the impact that caring had on activities, particularly employment (Scottish Government, 2017). Informal family care of young children was not a focus of enquiry. However, the findings showed a similar pattern to those relating to grandparent-carers reported below (Ch.2.3)<sup>7</sup>,

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<sup>6</sup> <https://www.payingforcare.org/news/elderly-care-costs-weigh-down-squeezed-generation>

<sup>7</sup> Cross-references are made in this format throughout the report



which confirmed that most informal care was provided by family and other unpaid carers. However, the provision of unpaid care was not shared equally across social groups, with more care provided in less affluent areas of Scotland. Carers were over-represented in middle and older age groups, with most aged 45-55; in other age-ranges likely to include grandparents, around 20% aged 55-64 and 15% aged 65-74 were unpaid carers, slightly more women than men. The majority of these carers spent between 5-19 hours a week caring, a similar commitment to grandparent-carers (Jamieson, Warner and Bradshaw, 2012, p.32).

The report noted that adults working full-time were less likely to provide unpaid care than those who were unemployed or working part time; women working full-time were more likely than men to provide unpaid, regular care. It also found that the mental and physical health of carers could be negatively affected by the demands of caring: the more care they provided, the less likely they were to report good health. Intensive informal caring roles were likely therefore to have a negative impact on both their work and wellbeing. The report concluded that since it was likely that informal caring roles would become an increasingly important complement to formal care, it was essential to understand the mechanisms behind the diverse problems that can be experienced by those providing informal care (Scottish Government, 2017).

*'There's a lot of it about'*

Quite a lot is known about the extent of unpaid grandparent-care in Europe. It is perhaps surprising that in spite of their large numbers, relatively little attention has been paid to the contribution grandparents might make to communities and the economy compared to those caring for older family members. Buchanan & Rotkirch (2018) noted that as populations age the young have become more valuable as future workers, prompting efforts to increase the birth rate and improve their wellbeing. They found that the typical pattern in the child-rearing phase of family life was dual-earning couples whose combination of caring and providing for their family enabled a higher standard of living and made women more economically independent. Family policies had often focused on accommodating these changes by facilitating parental leave and subsidizing high-quality day care.

Meanwhile, increasing life expectancy and good health meant that more grandparents were likely to be available for longer to look after grandchildren: they might spend 25 years in a grandparent-caring role compared to 18 years of responsibility for dependent children (Arber & Timonen, 2012). It was also thought important that grandparents who helped with childcare tended to do so on a part-time basis, many for only a very few hours a week, so that the potential existed to combine grandparental childcare with other responsibilities such as paid work or care for older family members (Bryson et al., 2012).

In Europe, Hank & Buber (2009) investigated the characteristics of the providers and recipients of grandparent-care, as well as cross-national variations. They found that across the ten countries in the study, 58% of grandmothers and 49% of grandfathers had provided care for a grandchild ages 15 or younger during a previous 12-month period, although Coall and Hertwig (2011), like others analysing large data sets, found that maternal grandparents had the most contact with their grandchildren and were more likely to be involved in regular childcare, followed by maternal grandfathers, paternal grandmothers and paternal grandfathers. Herlofson et al. (2011) found that grandparents were not full-time carers but often complemented formal part-time childcare. Their care was most likely for the youngest children, decreasing in regularity as the child grew up.

Overall, Hank & Buber (2008) found that the grandparent role was central to intergenerational solidarity and a particularly important form of multigenerational family support. Welfare states did not 'crowd out' families (p.69): once grown up, children and parents typically retained a lifelong sense of linked lives, with grandparents often part of the support system of parents, just as their own adult children were often part of their support system in old age. However, the study also identified significant variations in the prevalence and intensity of care in the different European countries. They suggested that factors contributing to the differences included family attitudes towards their responsibilities; the proximity and frequency of contacts with grandparents; younger and older people's levels of employment; and public policies supporting families. For the researchers, the different patterns suggested a complex interaction between services provided by the welfare state and intergenerational family support in shaping the economic prosperity of families.

*Grandparent-care in the UK and Scotland*

In many respects UK studies report similar findings to those in Europe. Families seemed to be responding to the twin challenges of supporting older generations as their needs grew more pressing, while also looking out for younger ones as the pressure on their living standards and security intensified (Resolution Foundation, 2018). Older people were increasingly likely to become both donors and recipients of care to family members up and down generations. Istance (2015) found that even into their 80s, older individuals were net contributors to younger family members and that this downward flow of assistance was true across societies, regardless of the extent of the welfare system. Others noted that the profile of family carers was changing, with a shift towards more complex roles and responsibilities as older adults did paid work and cared for family members across and within generations, with the transfer of resources from older to younger family generations being contingent on the nature of family structure and solidarity, as well as broader contexts such as welfare regimes (Keating et al., 2015). Brannen (2006) argued that what was passed on in families was often taken for granted because it was embedded in day-to-day practice and relationships. However, there was also evidence that transfers of resources such as money and care were most likely to take place at particular life-course stages such as education, marriage, childbirth and widowhood (Keating et al., 2015).

In terms of numbers, towards the end of the noughties the UK Grandparents' Association estimated that 13.5 million British grandparents provided 60% of all childcare (Hoff, 2015). Bryson et al., (2012) found that as in Europe, evidence about the roles of grandmothers and grandfathers in childcare indicated that reports on 'grandparents' mainly referred to the roles played by grandmothers. Reporting on a Daycare Trust survey, Rutter and Evans, (2011) found that while around half of grandparent-carers were retired, some 35 per cent of them still worked.

Most of the childcare provided by grandparents was thought to be to support parents to work or study (Rutter and Evans, 2011), especially in low income or single parent families (Statham, 2011). Bryson et al., (2012) found that around half of pre-school children cared for while their parents worked spent some time with informal childcare providers, often in combination with formal childcare. Grandparents were more than twice as likely to be involved as informal carers as

any other type of provider; the hours of childcare they provided, an average of 10 hours every week, enabled their children to remain in employment (Rutter and Evans, 2011). Bryson et al., (2012) found that grandparents were more likely to provide care when grandchildren were first-born, where mothers were younger and when mothers worked part-time. Levels of grandparent involvement were highest for mothers who returned to work before children were six months old and in single parent families. For 35% of families, where the mother was working or studying when the child was nine months old, grandparents were the main childcare arrangement.

Researchers have also pointed out that although the introduction of financial support towards the cost of formal childcare in the early years and the orientation of policy towards formal provision might have been expected to reduce the demand for informal childcare, the expansion of formal childcare had not in fact displaced the grandparents' role (Rutter and Evans, 2011). On the contrary, in 2017 research from the International Longevity Centre<sup>8</sup> reported that the number of grandparents who provided childcare for their grandchildren had risen dramatically, with over nine million grandparents making up the UK's 'Grandparent Army' and nearly three million offering very regular care, spending an average of over eight hours a week looking after their grandchildren (Buchanan & Rotkirch, 2018). As in Europe, researchers have found substantial cross-regional variation in unpaid caregiving in England and Wales, reporting family caregiving as generally more common in socio-economically deprived areas, a reflection of both greater need and greater availability of informal caregivers (Hoff, 2015).

In Scotland, the longitudinal *Growing Up In Scotland* (GUS) study<sup>9</sup> provides data and information about aspects of children's lives, including health, development, family circumstances, neighbourhood, education, friends and leisure activities. Several GUS reports referred to in this thesis have addressed the issue of informal childcare, the role of grandparents and the possible impact of informal childcare on children's development. These reports have shown grandparents as a key source of regular informal childcare for parents, despite the major expansion in formal childcare provision, with informal childcare by grandparents in Scotland more

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<sup>8</sup> [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/the\\_grandparents\\_army](http://www.ilcuk.org.uk/index.php/publications/publication_details/the_grandparents_army)

<sup>9</sup> <https://growingupinscotland.org.uk>

common than elsewhere in the UK (Bradshaw, Jamieson & Wasoff, 2008). At least 40% of families regularly used grandparents to provide childcare, especially from birth to pre-school (Bradshaw, Jamieson & Wasoff, 2008; Jamieson, Warner and Bradshaw, 2012). Many families used a number of different providers for regular childcare, with the particular combination based on a combination of parental preferences, local availability and affordability. The main pattern was grandparents and another informal provider at age 0-1 and grandparents and nursery care at 2-3 years, with children who experienced this mix of childcare spending two to three times more hours in informal care as in formal care (Bradshaw and Wasoff, 2009).

GUS also found that children's experience of a mix of non-parental childcare (formal or informal) in the early years impacted neither positively or negatively on their cognitive, social and emotional development at age 34 months, although 40 hours or more of care per week at that age negatively affected their behaviour as they approached their fifth birthday (Bradshaw & Wasoff, 2009). These findings anticipated those of Bryson et al., (2012) who found that there were some advantages and certainly few disadvantages for children of informal childcare, including by grandparents, in the first three years of life, in combination with formal childcare or not. Glaser et al., (2010), in their study across Europe, also found that more than thirty hours a week of grandparent-care was associated with less good outcomes for both grandchildren and grandparents, while less intensive care was associated with generally positive outcomes. It seemed that grandparent-care was doing no harm; various other reports from GUS noted the importance of grandparents as a key source of informal support for many parents and potentially an important ally and influence in a child's life (Anderson et al., 2007; Bradshaw et al., 2008; Bradshaw and Wasoff, 2009).

More recently, the Commission for Childcare Reform's report on *Meeting Scotland's Childcare Challenge* (Commission for Childcare Reform, 2015) also recognised that the length of time grandparents spent on childcare was rising and that children's wellbeing was reliant on a network of informal care extending beyond parents, with grandparents often playing a key role. Grandparent-carers, especially in the 0-3 years where free childcare was not available, could offer flexibility of hours as well as saving a considerable amount of money. There was also an assumption, however, that if there were more and better free childcare there would be less call

on grandparents' time; however, inflexible working patterns and local authority-run childcare provision, free or not, could make it difficult to work without high additional costs.

## **2.2 Supporting grandparent-carers: the childcare perspective**

The findings reported above about the extent and possible impact of grandparent-care in Scotland suggest that it might be worth valuing and supporting in the interests of children and families. Recognising that the particular local context within which grandparents practise childcare will impact on their experience, this section reviews recent childcare policy and practice in Scotland and the orientation towards children, parents and families in strategy and advice documentation published since the establishment of the Scottish Parliament, which should in turn be influential on local authority provision and approaches to childcare and support for families, including grandparents.

### *Free childcare hours*

Much of the effort to improve life for families in both the UK and Scotland has been directed at supporting parents back into work after the birth of their children. In the UK, in the late 1990s the *National Childcare Strategy* had aimed to make formal childcare more accessible, through financial subsidies to parents and increased provision across the age range; and to raise families' incomes by facilitating parental work, providing free access to early years education for preschool children. This led to a large increase in the supply of formal childcare (Bryson et al., 2012). In Scotland, reducing the widening economic 'gap' between the least and most affluent, especially children, has also been a particular concern for successive administrations once the new Parliament was established. As in the wider UK, the policy drivers have often been economic, with free childcare hours directed at supporting parents (and women especially) back into work after the birth of their children, in the interests of both family and national prosperity.

The associated Early Learning and Childcare (ELC) model is currently one of maternal care for the first year, supported by up to one year of maternity leave and nine months of maternity pay, with a mixed economy of childcare, including informal, voluntary, private and statutory providers. By 2020 the hours of free childcare are to be increased from the current 600 to 1,140 hours per year, to further reduce barriers

that prevent parents from working. It is also recognised that increasing the entitlement to ELC will require a larger skilled workforce and new models of delivery. In April 2015 the Scottish Government received the report of an independent review of the early learning and childcare workforce, which made a number of recommendations about training of professional staff (Siraj and Kingston, 2015). The main emphasis of much recent policy and advice has been on the development of the professional skills of those who care for babies, toddlers and pre-school children in group settings.

### *Informal childcare*

However, by no means all ELC activity has been about formal childcare. There has also been increasing emphasis on the role of parents and families, including grandparents, in caring for children at home: informal childcare has been seen to have the potential to promote children's learning and wellbeing and address poor outcomes for children associated with socio-economic disadvantage. As early as 2002 the Scottish Executive commissioned a report to inform policy decisions about childcare for children aged 0–3 (Trevarthen et al., 2003). The researchers advised that very young children thrived in the company of affectionate, competent companions who both ensured their physical comfort and wellbeing and supported them to develop emotional regulation, extend their skills and knowledge of the world, and increase their capacity to think. The researchers' view was that these culturally valuable skills could be acquired spontaneously by toddlers in family settings, sustained by affectionate relationships; families also had the capacity to benefit all involved, and society at large. These ideas have clearly influenced subsequent policy and guidance relating to both formal and informal care of babies and toddlers.

Of particular significance in Scotland was the development of the GIRFEC framework, aimed at improving outcomes and supporting the wellbeing of children and young people 'by offering the right help at the right time from the right people'<sup>10</sup> (Scottish Government, 2008a; Ch.1:2). Structured around the Wellbeing Wheel, My World Triangle and Resilience Matrix, GIRFEC's cross-departmental, interdisciplinary approach recognised that learning and wellbeing were closely

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<sup>10</sup> <https://www.gov.scot/gettingitright>



linked from the earliest stages and aimed to support children, their families and parents to work in partnership with the services that could help them. The GIRFEC framework was highly influential in shaping early years policy and practice in the succeeding years. There seemed to be increasing recognition that learning and wellbeing were closely linked for individuals and inextricably bound up with economic prosperity for local and national communities. Interrelated policy frameworks *Achieving Our Potential*, *Equally Well* and the *Early Years Framework* (Scottish Government, 2008a, 2008b, 2008c) all acknowledged that early intervention could contribute to interlinked economic, social and health objectives, potentially improving the life chances of children, young people and families at risk and enhancing social solidarity and cohesion, including through building the capacity of individuals, families and communities to secure the best outcomes for themselves.

Insofar as the role of grandparents was concerned, the *Pre-Birth to Three* guidance (Learning and Teaching Scotland, 2010) and the *National Parenting Strategy* (Scottish Government, 2012b) both emphasised that references to parents included all main family carers working with children. In the *Pre-Birth to Three* guidance, professional staff were reminded that working together with parents and providing the right support at the right time could help to build children's resilience and enable individuals and families to find their own solutions to problems as they arose. They were encouraged to listen attentively and communicate respectfully with children, parents and 'other key family members' to focus on their childcare practice and evaluate children's learning and progress, encouraging parents to ask for advice and support.

The *National Parenting Strategy* (Scottish Government, 2012b) was aimed at providing parents with information and support around the care of their children from pregnancy and birth through to the teenage years and beyond, as well as improving the availability of, and access to, early learning and childcare in their local area. The strategy recognised that the role of parents was changing, with fathers starting to take a more active role in bringing up their children and that, in many cases, both parents returning to work soon after the birth of a child made it increasingly challenging to balance work with family life. The strategy also acknowledged that the term 'parenting' now applied to a much broader range of primary caregivers,



acknowledging that the contribution of members of the wider family to the day-to-day care of children, and of grandparents in particular in providing practical, emotional and often financial support to their own children, was of considerable significance.

Also relevant to the role of parents and other family carers to early childcare was the establishment through Health Scotland of the universal 27-30-month Child Health Review as a core part of the *Scottish Child Health Programme* (Scottish Government, 2012a). Taking the GIRFEC framework as foundation, the Review focused on early social, emotional, language and cognitive development in the context of parenting and wider family wellbeing. It was also intended to generate a national database of information about children's early development. Guidance for the health professionals emphasised that the reviews provided an opportunity to work with parents (all those in a parenting role, including foster parents and other carers) to evaluate their child's wellbeing, while at the same time providing age-appropriate health advice and guidance. It also asserted that there was good evidence that in most instances, parental reporting of children's development towards specific milestones was highly accurate and that discussion with the parent and shared observation of children's ability to undertake specific tasks during guided play serve to build parents' understanding and parenting skills.

In 2015, *Early Years Scotland*<sup>11</sup> was established with a remit to bring together research, policy and practice to improve early learning and childcare, supporting professionals and working directly with families and carers to promote early learning and development through shared interactions and play. The establishment of a separate body to contribute to and enact policy reflected an increasing awareness of the importance of children's earliest experiences in shaping their future learning and lives and the concomitant organisation and professionalisation of infant and childcare. Both were seen to have the potential, through working with families, to promote equity and excellence for all. My own observation would be that since its establishment, the organisation has had to juggle its responsibilities to gain an appropriate balance between developing professional capacity and working with parents and families (usually through local nurseries and playgroups). Often the requirements of targets and accountability seem to have dominated its agenda,

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<sup>11</sup> <https://earlyyearsscotland.org>

leading to a concern to achieve and evaluate ‘quality parenting’ (doing it ‘right’), which might lead to a distortion of the organisation’s activity with parents and other informal carers<sup>12</sup>.

The recently established *Early Years Collaborative* (2012)<sup>13</sup> is a coalition of Community Planning Partners, including social services, health, education, police and third sector professionals who will work together to secure improvements in outcomes and reduce inequalities for Scotland’s most vulnerable children. Focused especially on families, the Collaborative seeks to raise public awareness of the importance of Early Years for children, putting GIRFEC and the EYF into practical action. The Collaborative’s overall (and very ambitious) twin aims are to secure a flexible and high-quality ELC system that is accessible, affordable, and integrated with school and out-of-school care, supporting parents to work, train or study; and, relevant to grandparents, building the capacity of families and communities to secure better outcomes for themselves.

In principle, this policy and advice has created a context for grandparent-carers where their acknowledged contribution to their families’ social and economic wellbeing can be recognised and valued. However, there is less evidence in the childcare sector of recognition that grandparents may have a distinctive role to play in childcare or that their contributions may go beyond their grandchildren to supporting their own children and wider family: interactions between professionals and families tend to focus very much on the welfare and development of children and supporting parents to care for them, with ‘other carers’ treated in much the same way as parents. If informal family childcare is to be effectively supported, all family carers in a child’s life will need to be included and supported as distinctive and valued partners in their learning, putting the advice into practice.

### **2.3 Supporting grandparent-carers: the health and wellbeing perspective**

#### *Healthy ageing*

If older people are to continue and increase their involvement in providing family care, supporting their health will clearly be of some significance. A UK *Foresight*

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<sup>12</sup> For the impact of focusing on accountability, see, for example, O’Neill (2002).

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[http://www.parliament.scot/S4\\_HealthandSportCommittee/Inquiries/Note\\_on\\_Early\\_Years\\_Collaborative.pdf](http://www.parliament.scot/S4_HealthandSportCommittee/Inquiries/Note_on_Early_Years_Collaborative.pdf)

report (Government Office for Science, 2016a) suggested that without significant improvements in health, UK population ageing would be likely to increase the number of older people experiencing ill-health and disability. It also suggested that families and communities would have a central role to play in supporting their members to age well and would need to be supported to do so. Government departments would need to change how public services were planned, in order to support families and individuals to accommodate longer, more varied and changing working lives and maintain their wellbeing for increasingly long retirements, in the interests of their own and the nation's economic prosperity.

The World Health Organisation defines *Healthy Ageing* as 'the process of developing and maintaining the functional ability that enables wellbeing in older age', including their ability to meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society<sup>14</sup>. *Healthy Ageing* guidance emphasized the need for action across multiple sectors, enabling older people to remain a resource to their families, communities and economies. Recent increased concern about cognitive and emotional ageing and building and sustaining the health and wellbeing of older people has focused on contributory factors.

For example, Kaufman & Elder (2003) found that health had a strong effect on age identity. Not only did those in their study who were healthier feel younger, but they perceived old age to start later and hoped to live longer. Furthermore, those who volunteered kept active, influencing their perceptions of when people become old. Kruger et al., (2009) reviewed evidence about the association between remaining socially engaged and participating in social activities, such as visiting friends, volunteering and getting out for events and trips, and better cognitive function, ideas that were picked up more recently in Northwestern University's study of cognitive 'SuperAgers' (Maher et al., 2017). The study of 'Blue Zones', places with a high proportion of centenarians, consistently identified family and social connections as important contributory factors, together with a purposeful lifestyle, reduced stress and habitual physical activity (Buettner 2012). Holt-Lunstad et al., (2010) in their meta-study of the link between social connections and mortality found that the influence of social relationships on the risk of death was comparable with well-

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<sup>14</sup> <http://www.who.int/ageing/healthy-ageing/en/>

established risk factors for mortality such as smoking and alcohol consumption and exceeded the influence of other risk factors such as physical inactivity and obesity. Reports from the longitudinal Harvard Study of Human Development in the USA also emphasised the importance of connections and relationships for emotional and cognitive health (Vaillant, 2012).

### *The wellbeing of carers*

In Scotland, the 2015 report about Scotland's carers recognised some of these contributory factors, acknowledging that if carers were to continue in a caring role they would need to be supported to take more responsibility for their own health, so that they were better able to support the people they cared for, while coping with the stresses and demands of caring (Scottish Government, 2015). Activity would therefore need to have a greater focus on prevention in order to extend the period of healthy, active ageing for all as well as providing timely support and high-quality care for those who needed it (Scottish Government, 2014). This report also recognised that much of the evidence in relation to ageing and health was concerned with deficits rather than older people as 'assets'. Their contributions to society were sometimes overlooked and negative attitudes, especially toward those with high support needs, tended to be predominant. The report did, however, perceive signs of positive change towards a social environment in which older people were valued and stigma and discrimination minimised (Scottish Government, 2014).

Subsequently the annual Scottish Health Survey (Scottish Government, 2017) reported a number of indicators that might point to some of the more positive characteristics of older people of a grandparent-carer's age. In terms of self-reported health, mental health and wellbeing and life-satisfaction, the good news was that in 2016, 65% men and 69% women aged 55-64, and 58% men and 66% women aged 65-74, self-reported very good or good general health (slightly more than in 2012). For wellbeing, including positive affect, satisfying interpersonal relationships and positive functioning, the lowest wellbeing scores were reported for those aged 45-54, rising through 55-64 through to the highest for those aged 65-74, with a similar pattern reported for absence of mental distress and above average life satisfaction. The 2014 report had noted that being mentally well in later life was associated with adaptability and resilience and the ability to cope with physical

decline and come to terms with loss of personal identity (Scottish Government, 2014); however, the experience of later life as healthy, active and independent, like responsibility for care, was unevenly distributed across social groups. Rather less positive news was that the majority of older people did not undertake the minimum recommended amount of physical activity and approximately one in five people aged 65-74 years was completely inactive (Scottish Government, 2017).

The Scottish reports found that what older people actually valued in later life was remarkably consistent: self-determination and involvement in decision-making; personal relationships; social interaction; a good physical and home environment; getting out and about; accessible information; and financial security. They especially valued independence and being able to contribute to the life of the community, and for that contribution to be valued and recognised: remaining valued, engaged and connected directly affected mental health and wellbeing. The same report also noted that the capacity of public services and organisations to achieve improvements in older people's experience of ageing was limited: social attitudes to ageing would also have a profound effect on institutional discrimination and intergenerational relationships.

#### *The relationship between caring and wellbeing*

Contributing to the UK *Foresight* report, Nazroo (2015) considered that it was important to focus on the quality as well as the extent of older people's roles. He also pointed to the overall benefits to wellbeing of a positive identity and status coming from involvement in productive activities, including caregiving and volunteering. He proposed that for carers, a greater range of role identities and more frequent social interactions would increase well-being, giving a greater sense of control, usefulness and productivity and more access to social and support networks. Higgs & Gilleard (2015) found that older people in the UK were increasingly seen as 'generative' and productive in their role as volunteers in the moral and social economy. Keating et al. (2015) referred to The Women's Royal Voluntary Service report (2011) that highlighted older people's role in supporting neighbours and communities, making a valuable contribution to individuals and wider society. The report highlighted a financial contribution growing to £77 billion by 2030; the provision of social care; and volunteering and charity donations.

For Higgs and Gilleard (2015) 'active consumerism' had become a resource for shaping new lifestyles that denied traditional ideas about old age but sat alongside other more traditional ways of realising personal identity. These included relationships with friends, family and the wider community, which continued to provide a means of constructing one's identity in later life. *Scotland's Carers* also found that caring could be a positive and rewarding experience for both carers and cared for: there were wellbeing gains for some carers who provided a small amount of care, the enrichment of whose lives could be experienced through closer family and wider relationships, as well as supporting increased inner strength, confidence and self-esteem. Caring could therefore be a positive contributing factor towards wellbeing, providing that it was balanced with other activities.

## **2.4 Supporting grandparent-carers: the learning perspective**

### *What and how learners learn: 'The nature of learning'*

While the importance of lifelong learning for older people has started to be recognised, ideas about which skills are important to sustain in later life and how older learners acquire and improve them are less well represented in recent reports. Theories relating to learning and the relationship between learning and wellbeing throughout life have undergone quite profound changes in the last three decades. The Organisation for Economic Co-operation and Development (OECD), whose stated mission is 'to promote policies that will improve the economic and social well-being of people around the world'<sup>15</sup> has supported several related research and development threads in recent years through its Centre for Educational Research and Innovation (CERI) that have helped to inform thinking about learning across the global community. The DeSeCo Key Competencies project (OECD, 2005) identified three interacting, cross-cutting 'constellations' of competencies', seen as 'capabilities for living and lifelong learning': *Acting autonomously*; *Functioning in heterogeneous groups*; and *Using tools interactively*; with *Thinking* as embedded and cross-cutting throughout (Hipkins et al. 2014).

These ideas have been internationally influential, appearing over the last decade as '21<sup>st</sup> Century' skills or competencies, which have found their way in different

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<sup>15</sup> <http://www.oecd.org/about/>

configurations into curriculum frameworks for school and college education, including the *Curriculum for Excellence* in Scotland (Ch.1.2).

### *Lifelong learning and wellbeing for an ageing population*

Ideas about lifelong learning are likely to be important for support for grandparent-carers. For Schuller and Watson (2015) the debate about the challenges of an ageing population focused on costs and tensions in the way private wealth and public benefits were distributed across generations, a 'zero-sum' approach. Learning had rarely figured, even in discussion of dependency issues (Schuller and Watson 2015, p.220). However, they found that there had been some recent attention to the role of lifelong learning in 'successful' ageing, encouraging older people to take responsibility for maintaining and promoting their own health, through changes in lifestyle and increasing learning activities. The *Foresight* report on lifelong learning (Government Office for Science, 2016b) recognised that, for the most part, organisational and life skills were seen as intrinsically linked with economic growth, productivity improvement, competitiveness and innovation; but the economic orientation overlooked many other potential benefits that might be achieved through learning over the course of someone's life, such as improvements in health, personal wellbeing and quality of life.

There are many definitions of lifelong learning, most referring to adults returning to learning after formal education and acquiring skills through training, self-directed learning and workplace or life experience. As populations age, the health benefits of learning have been recognised as economic benefits, but learning has also been found to enable people to live more healthy and fulfilling lives, fostering civic and social engagement (Schuller and Desjardines, 2007). The Delors Report of the International Commission on Education for the 21<sup>st</sup> Century, *Education: The Treasure Within* (UNESCO, 1996) argued that the formal education experienced in the early phases of people's lives tended to emphasize the acquisition of knowledge over other types of learning essential to human development. It stressed the need to think of learning through the life-course and to address the means through which all individuals could develop relevant skills, knowledge and attitudes for work, citizenship and personal fulfilment, through lifelong learning and the four pillars of learning: Learning to Know, Learning to Do, Learning to Be and Learning to Live Together (UNESCO, 1996, p.21).



Schuller and Watson (2015) described the report's vision as of 'a society in which learning plays its full role in personal growth, prosperity, solidarity and local and global responsibility', its fundamental principle being that education is an inner journey towards a maturing of the personality during which 'all human beings must be enabled to develop independent, critical thinking and form their own judgement, in order to determine for themselves what they believe they should do in the different circumstances of life' (p. 215). The Commission of the European Communities (2001) also used a broad definition that encompassed all learning activity in life aiming to improve knowledge, skills and competencies, whether through personal, civic, social or work-related activity. Hyde & Philipson (2014) argued that participation in learning activities could improve life satisfaction, wellbeing and self-confidence, helping learners to develop the skills and knowledge to make informed choices about their lives, especially during periods of crisis and transition. Grady (2012) noted the potential of lifelong learning to exercise the brain, protecting it from mental decline. He suggested that taking a proactive approach to keeping older people engaged in lifelong learning through community programs had the potential to alleviate the strain on their families and the health care system.

The connection to community was explored when in 2007 the CERI published a first report on *The Social Outcomes of Learning* (Schuller and Desjardines, 2007), exploring and building on the evidence from across member states that better educated people are healthier and take more part in civic activities. The report recognised that Governments across the developed world increasingly wanted to know what individuals learn as a result of their investment in learning, in terms of both economic growth but increasingly also social wellbeing. It also recognized that correlations between learning, health and active citizenship were well known, but not cause and effect. They distinguished between *relative* effects, where some people benefit by displacing others, have neutral or even negative outcomes; and *cumulative* effects where each learner benefited from peers' learning, broadly supporting educational investment. The project also stressed the interaction between direct and indirect effects, proposing that learning affected both individual competencies and attributes and the choices people make in their environments, which in turn affected their behaviour (Schuller and Desjardines, 2007).



A second report in 2010, *Improving Health and Social Cohesion through Education*, updated the findings of the first, confirming that education had the potential to promote health as well as civic and social engagement. This second report also referred to the relationship between families and the state and the need for 'policy coherence' in this respect. The short summary on the CERI website reads as follows:

Education may reduce inequalities by fostering cognitive, social and emotional skills and promoting healthy lifestyles, participatory practices and norms. These efforts are most likely to be successful when family and community environments are aligned with the efforts made in educational institutions. This calls for ensuring policy coherence across sectors and stages of education (OECD, 2010).

The idea that learning contributed not only to individual health but also to the health of the wider community, as older people contributed through their accumulated life-experience, expertise and voluntary activities, was picked up by Hyde & Philipson (2014). They pointed out that participation in lifelong learning through cultural activities, such as volunteering at museums or visiting historical sites, could help keep valued traditions such as heritage crafts alive for future generations to enjoy. In the family, there might also be intergenerational effects of parents' learning on the health and wellbeing of their children and grandchildren (Schuller and Desjardines, 2007)

#### *How learners learn*

The notion that learning might be through participation and activity rather than courses and classrooms might be of some significance for older learners. *The Nature of Learning: Using Research to Inspire Practice* (Dumont, Istance and Benavides, 2010) pulled together recent theoretical ideas about learning and the Centre's work on innovative learning environments, arguing that to promote 21<sup>st</sup> century skills and competencies, traditional educational approaches were inadequate and would need to change, based on a better understanding of how people learn most effectively, rather than just what they learn. The various contributions outlined the way in which the sociocultural approach of Lev Vygotsky (1978) and later theorists had influenced recent thinking about learning. Constructivist conceptions of learning which had taken the positivist view that abstract knowledge reflected objective reality were challenged in the 1990s by

situated learning theory, which took learning as ‘emergent’, where individual learners made meanings through taking part in activities directly relevant to the application of their learning in interactions with each other and with their environment. In this conception of learning, individuals are active agents, engaging with the world around them and creating for themselves the circumstances of their own development (Boyden and Mann, 2005).

These interpersonal interactions and social and cultural contexts came to provide a framework for considering how learners think, speak, and behave (Boyden and Mann, 2005). The process of sharing individual perspectives was seen as a means for learners to construct understanding together in a way which would not be possible for an individual alone (Meter & Stevens, 2000), acknowledging the uniqueness and complexity of the learner and encouraging learners to arrive at their own version of the truth, influenced by their background, culture or view of the world (Wertsch, 1997). Learning came to be understood as an ‘integral and inseparable aspect of social practice’ involving the construction of identity, giving them a sense of belonging and commitment (Lave and Wenger, 1991 p.53; Handley et al., 2006). Motivation and adaptation were key ideas: when they were motivated to do so, learners transformed their knowledge in an active way, adapting to the changing contexts for its use (Larsen-Freeman, 2013). Pring (2004) considered that developing the capacity to adapt to new situations and experiences allowed learners to act autonomously and exercise control over their own lives, rather than perceiving themselves as victims of circumstances.

De Corte’s review of thinking about learning (2010) acknowledged the way in which learning had come to be seen as actively constructing knowledge and skills through interaction with the environment and reorganising one’s mental structures to make sense of the world. He argued that the identified ‘constellations of competence’ showed the lifelong learner continuously shaping (constructing) and directing learning (self-directing) interactively with others (collaborating), in different and changing contexts (situations). He concluded that ‘adaptive competence’ was an important goal for all learners, regardless of age or setting. Self-regulation was seen as an important part of adaptive competence, associated with more effective organisation of learning, goal-setting and persistence (Simons et al., 2000; De Corte, 2010).

### *Communities of practice*

The notion that learning was collaborative and situated, as well as constructed and self-directed, clearly pointed to the importance of the environment within which learning took place. From a constructivist perspective, the 'effortful' involvement of learners in interaction with the environment was essential in acquiring knowledge and skills. Learning research suggested that an effective learning environment was one where interaction, negotiation and cooperation were encouraged and learners would be more motivated to engage in learning when they perceived the environment as favourable (De Corte, 2010). Focusing on the context for learners' participation in situated interactions, Wenger (1998) had conceived the idea of a 'community of practice' which would form in response to a common interest or position and play an important role in forming its members' participation in, and orientation to, the world around them. Family and community groups might fit this description well. The learning process in these communities would be affected by the personal histories and experiences that individuals brought from other, overlapping communities, whose norms might conflict and would need to be negotiated and reconciled if individual members were to achieve a coherent sense of self and identity.

In this context, language and communication have been recognised as having particular importance for learners' cognitive, social and emotional development. Longino (1990) suggested that since individual knowledge, experience and vision were limited, members of a community of practice would need to be adaptive, open to the unexpected as part of their learning, tolerating dissent and embracing changes in their beliefs over time, through 'transformative critical discourse'. Cameron (2001) characterised life as a 'series of conversations', with those exchanges involved in social negotiation representing a practice community's learning. Eckert (2006) saw the importance of the community of practice in the recognition that identity was not fixed and that language use was a continual process of learning. She saw individuals as constructing both an identity in the social world and the linguistic practices and style to articulate it, through participation in a variety of communities of practice. For grandparent-carers, talking and negotiating with family members and friends about their experiences and practice would seem to fit neatly with these ideas.

*Older people's participation in lifelong learning*

Adult learning is reported as disproportionately taken up by wealthier, more highly skilled individuals (Government Office for Science, 2016b). Participation in formal learning has been found to decline with age: a 2009 NIACE survey (Aldridge and Tuckett, 2009) showed that people's intentions to participate in learning declined as they got older. Older respondents reported that they were less likely to want work-related training but that they were also less likely to expect to be offered it. While cost and lack of time were reported as common barriers to adult learning for individuals of all skill levels, individuals with no qualifications were more likely to refer to lack of confidence, lack of interest and feeling too old to learn, this last being the main reason respondents gave for not engaging in training or education (Hyde & Philipson, 2014).

However, a *Focus* report (Government Office for Science, 2016b) also suggested that low-skilled individuals or those from poor socio-economic backgrounds and minority groups might benefit most from learning. The report suggested that any policy to increase lifelong learning should address the issue of motivation to learn later in life, including the effects of self-confidence and awareness, as well as information about its provision. It also found that individuals were more likely to consider re-engaging with learning at particular stages in their lives including while parenting, during retirement or after bereavement. The Social Mobility Commission (2016) argued that many parents were drawn to participate in learning out of interest in their children's early years' development and school performance, so that a 'holistic' approach to improving adult education might involve increasing parents' (and other carers') skill levels, with a view to improving the development of children. Insofar as particular stages in the lives of older people are concerned, Schuller and Watson (2015) took the age of 50 as the start of a 'Third Age', a key point in many lives when people might be changing jobs or to part-time working or planning towards retirement. They took this stage of life as part of a continuous process of learning through the life-course that involves adapting to constant change and ageing and trying to make sense of life, in effect 'learning to be' (Schuller and Watson, 2015).

### *Caring as learning*

Istance (2015) identified some important issues for education and learning in considering how they might be relevant at different stages of people's lives. He referred to *Retirement as a learning process* (Hodkinson et al., 2008) where the writers compared 'learning as acquisition' of content, associated especially with formal education, with 'learning as becoming' (p.177), which was understood to be central to how people change and engage in processes of construction and reconstruction of meaning and identity (Wenger, 1998). Istance characterised 'learning as becoming' as particularly apposite for retirement, which was about adapting to significant changes in life (Istance, 2015). It would seem reasonable to assume that becoming a grandparent-carer might equally represent a point of significant change in life, with health, family and social issues involved when a child has become a parent, and parents need to move away from the centre of their child's family to the periphery, involving the creation of a new purpose and identity for themselves.

Istance went on to review the range and diversity of motivations that might prompt active learning among older people. Amongst those he listed were a number that seemed relevant to grandparent-carers: updating occupational skills; finding ways of passing time constructively, keeping both mind and body active; learning about health and ageing; learning to care for others and the environment; broadening social contacts and networks; sharing knowledge and experience with peers and younger people; social and political engagement; developing self-expression and creativity; learning as an enjoyable activity in its own right; and finding meaning in life (Istance, 2015, p.231). From personal experience, I would suggest that the practice of grandparent-care could involve learning in all of these areas; they might also prove a useful framework for considering the experiences of others in a similar position of learning to care.

## **2.5 The overall context for grandparent-carers in Scotland**

The overall picture of Scotland as a sympathetic and supportive context for grandparent-carers is quite mixed, with different viewpoints about the issues sometimes being contradictory or even in conflict. In the UK context, grandparents live in a society where older people are often perceived as a potential burden on

economic, social, health and welfare resources, disadvantaging following generations. There are recognised tensions in the public debate between the increasing expectations of families to care for their dependents and concerns about their capacity to do so, when individuals and families will face increasing pressure to care for dependents for longer periods of time and to balance care with other responsibilities, particularly work.

In Scotland, it is acknowledged that social attitudes to ageing can affect institutional discrimination and intergenerational relationships and that as informal caring roles become an increasingly important complement to formal care, it will be important to understand the challenges faced by those who provide the care. Caring is seen as potentially a positive contributory factor providing that it is balanced with other activities and does not become overwhelming and stressful, making it more likely to reduce health and wellbeing. Supporting families and individuals to accommodate longer working lives and maintain their wellbeing for longer retirements, developing adaptability and resilience and the ability to cope with loss and decline, will have implications for how public services are planned, in the wider interests of both individual and national prosperity.

With regard to the potential of learning to contribute to promoting grandparents' health and wellbeing, it is recognised that 'Learning as becoming' can develop the skills and knowledge that allow older individuals to make informed choices and build life-satisfaction, well-being and self-confidence, especially during periods of transition. In the family, there can be intergenerational effects of their learning on the health and wellbeing of their children and grandchildren, alleviating the strain on families and the health care system. For the wider community, the impact of learning on individual health, competencies and attributes, and on the choices people make, in turn positively affect their civic and social engagement, benefiting society. By encouraging grandparent-carers to engage and interact actively with each other about their caring, creating for themselves the circumstances of their own development, they can be supported to exercise control over their own lives, giving them a sense of belonging and commitment. Since individuals are more likely to be motivated to learn at particularly significant points of change in their lives, it is likely that becoming a grandparent-carer might provide the motivation to learn through the process: caring in a family and community setting may be a

learning experience with the potential to contribute to grandparents' and families' wellbeing.

## **2.6 Research questions**

In consideration of the issues identified during the first four years of study and raised by the context, the precise wording of the title for the study and the research questions to form the basis for fieldwork gradually crystallised.

The research questions that provide the focus for the present study are as follows:

- Why do grandparents commit to caring for a grandchild on a regular basis and how do they experience their role?
- How do grandparents learn and develop their caring role and what are the main influences that shape their practice?
- What kind of encouragement and support might enhance grandparents' experience and practice of childcare and who might provide it?

Given these questions, the following two chapters set out the rationale for the design and methodology of the study and the methods selected for use in fieldwork, to seek some answers.

## **PART 2: RESEARCH DESIGN, METHODOLOGY, METHODS AND FIELDWORK**

### **Chapter 3**

#### **Research design, methodology and methods**

##### **3.1 Research strategy and methodology**

###### *The qualitative approach*

Given the insights from professional experience and recent thinking about learning, it seemed clear that a study exploring learning and experiences in depth would most appropriately focus on engagement with a relatively small number of participants, rather than collecting a large amount of quantitative data from surveys or questionnaires. Writing about qualitative methodology, Denzin and Lincoln (2003) characterised it as situated practice that seeks to make sense of the participants' world, with the capacity to deal with detailed and complex data that could potentially provide an in-depth understanding of individual experiences and perspectives in the context of their personal circumstances and settings (Spencer et al., 2003). A qualitative approach to the research and to the analysis and interpretation of texts and transcripts was therefore likely to be most appropriate. Using a qualitative approach need not, however, rule out making use of findings from quantitative studies, to investigate aspects of the wider learning environment or to consider relevant evidence from studies or surveys. Symonds and Gorard (2010) argued that in practice it is difficult to assign diverse research methods to a quantitative or qualitative paradigm, concluding that any method might have a role and distinctive place in a research cycle, from identifying questions to gathering and analysing data to challenging, developing and proposing theories. In this case, findings from surveys and longitudinal studies relevant to childcare and lifelong learning (Chapter 2) would prove useful in shaping prompts on which to base grandparents' discussions and in framing an initial structure for the analysis of the data from fieldwork.

###### *The case for interpretative phenomenological analysis*

To address the research questions proposed, there was much to recommend Grounded Theory, since the focus would be on participants' experience of situations



and events in social settings and how these changed during the period of the research (Glaser 1999). Emerging theories would be able to be grounded in reality and shaped by the data, allowing repeated comparisons and contrasts and testing of categories and concepts (Strauss and Corbin, 1998). Tentative theories grounded in the data would also allow for alternative explanations from different researchers' perspectives (Glaser, 1999). Since Grounded Theory is held to generate theories from empirical data rather than testing existing theories, there would be less potential for me to operate selective perception on the basis of presuppositions and assumptions from personal and professional experience (Miles and Huberman, 1984).

Using Grounded Theory in this study might also, however, have some important disadvantages. Using an inductive or abductive approach assumes that explanations lie within the data and are arrived at by making inferences from observed facts, rather than acknowledging the potential of existing theories and concepts (Layder, 1998; Charmaz, 2014). Although the aim might be to move eventually from grounded substantive theories towards their integration into the proposed theoretical framework, starting from the position of no fixed ideas about possible outcomes would make it difficult to plan the study's scope, and particularly approaches to gathering data, in advance. The specific focus might discount the broader social, cultural and political factors outlined in Chapter 2, including the grandparents' learning environment. Emerging theories might depend critically on the researcher's experience and perspective in interpreting the data, and therefore be difficult to generalize, while coding and categorising could lead away from the original data and context (Denscombe, 2007).

Arber and Timonen (2012) identified two levels of inquiry in research, macro and micro. In their view, the macro level is best used in response to wider social changes; the micro level is more local and includes 'identities' and 'agency', shaped nevertheless by the wider context. This level seemed most appropriate to the 'lived experiences' that were my particular focus. Particularly relevant to the proposed inquiry was the idea that experience is not individual but shared with others in conversations, with discourse as a resource for understanding how identity and difference are constructed through those conversations (Ch.2.4). The closest 'fit' in terms of a method might be a phenomenological approach, which has the capacity

to construct an authentic account of complex social phenomena in a social setting (Denscombe, 2007). Interpretative Phenomenological Analysis (IPA) takes the person as a cognitive, linguistic, affective, physical being and assumes a network of connections amongst their talk, thinking and emotions as they try to make sense of their world (Smith and Osborn, 2008). It therefore seemed especially appropriate to understanding grandparent participants' 'ways of being' and how they might build new identities for themselves (Fairclough, 2003). IPA would also accommodate existing theories and concepts to shape the research design and analysis (Layder, 1998).

Smith and Osborn (2008) observed that at the same time, IPA emphasizes that the research process is dynamic, with an active role for the researcher, who is trying to get close to the participant's personal world but cannot do so directly or completely. Experience is not individual but shared with others: participants could be taken as bringing their own credible perspectives to the process of creatively constructing their world and interpreting their experiences (Denscombe, 2007). The research process depends on the researcher's own conceptions, whose interpretative activity is required in order to make sense of participants' personal worlds. Thus a double hermeneutic is involved: the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world. Consistent with its phenomenological origins, IPA is a way into understanding the point of view of the participants, while at the same time, detailed analysis can also involve asking critical questions of transcripts about their understandings, intentions or other matters that they might not be fully aware of.

IPA shares with Grounded Theory a close focus on coding and categorisation of complex empirical data to find underlying principles and themes, but focuses on a more closely defined group for whom the research questions will be significant. IPA can therefore potentially accommodate generalisation from individual to group and also allow for understandings from existing research and theories to provide a perspective to shape the research design and help to mitigate researcher effects. Understandings would still nevertheless be open to the question and challenge by both researcher and participants inherent in Grounded Theory approaches (Strauss and Corbin, 1998; Charmaz, 2014). Finding a balance between the two perspectives, the detail of the data from fieldwork and the wider theoretical context,

would mitigate the potential for the researcher to operate selective perception on the basis of presuppositions and assumptions from personal and professional experience (Miles and Huberman, 1984).

### **3.2 Validity and authenticity: professional and research perspectives**

#### *Professional perspectives*

With regard to achieving validity, my own professional activity focused mainly on educational assessment and evaluation, during a period when theories of socio-cultural learning necessarily shaped associated ideas about assessment as inquiry into learning (Ch.1.2). Since educational research can also be characterised as enquiry into learning (Pring, 2004), the issues and debates around the alignment between learning theories and educational assessment in the pursuit of validity seemed particularly relevant to designing research to evaluate the nature and quality of grandparents' learning. A number of insights developed at the time seemed relevant.

- An enquiry into learning can only be as good as its design and focus on the learning or practice whose characteristics and qualities are to be evaluated; in order to make plausible inferences about learning, it should be designed to make relevant demands on participants' thinking, involving close observation of what people say, write, make or do as part of the learning process (James and Brown, 2005).
- Evaluation is best understood as a social practice (Daugherty, 2010). The agency of both learners and evaluators in a learning community should be recognized as they interact in enquiry; learners might have a role in framing the enquiry so that they understand its aims and how it will be interpreted, with participation in the process offering them opportunities to develop reflective, critical and evaluative skills and to contribute to the learning and practice of others (Pollitt, Ahmed and Crisp, 2007; Stobart, 2008).
- Learners and evaluators all bring their own biases, expectations and perceptions of quality in learning to the evaluation process, so that any observations or findings can only ever be an approximation (Eraut, 2007).

- Validity in enquiry into learning is linked with ethics: the enquiry will inevitably affect the learning of participants and should seek to do so in a positive and constructive way (Moss, 2008).

Validity in the assessment context came to be seen as involving both the properties of evaluation tools and the interpretation of evidence, with all elements of an evaluation needing to be relevant and secure if the inferences drawn from the evidence were to align directly with the identified learning (Stobart, 2008). In their recent book about validity in educational assessment, Newton and Shaw (2014) neatly summarised the issues around the alignment of socio-cultural learning and assessment, proposing a 'neo-Messickian' framework for validity, focused on measurement quality, interpretation plausibility and ethical considerations. Questions about technical quality were concerned with fitness of method and methodology for purpose; plausibility of interpretation related to whether incorporating findings from the assessment with other relevant evidence contributed to knowledge and understanding about participants' learning, and whether the assessment might achieve secondary impacts for the improved quality of participants' learning. Social and ethical considerations focused especially on the costs and impact on learning and learners of the evaluation process.

### *Research perspectives*

These principles of validity in assessment are reflected also in the literature relating to validity in qualitative research, which indicates that as in the evaluation of learning, the quality of the approach to an enquiry about grandparents' learning and experience would be crucial to the nature and quality of the research outcomes and findings and inferences that could be made. Much of the discussion about validity in qualitative educational research gives particular emphasis to the analysis of data, rather than methods of collecting it (Turner, 1983). However, Mishler (2000) reflects the later views of Pollitt, Ahmed and Crisp (2007) and Stobart (2008) in asserting that while interpretation of the data may be central to validation, methods need equally to be consistent and construct-valid and fit for the purpose and scope of a study, so that inferences drawn from the evidence align directly with the identified research focus and thus to help determine the degree of 'warranty' the findings require (Donmoyer, 2001). Hammersley (1998) observed that the nature of the evidence required to support each kind of claim, whether definitional, descriptive,

explanatory or theoretical, would be different, and the methods used would affect the quality of the evidence. The validity of the findings would therefore depend on the design, research questions and methods as much as on the analysis and interpretation of the data (Denscombe, 2007).

Cho and Trent (2006) considered further that validation was a process that could itself be seen as 'social discourse' and the trustworthiness of a study as reflecting the social world of its context, a view reflecting Daugherty's (2010) approach to evaluation of learning as a social practice. Participation in the evaluation process, offering individuals opportunities to develop reflective, critical and evaluative skills and contribute to the learning and practice of others, would be important to securing Newton and Shaw's (2014) 'interpretation plausibility'. Similarly, it is recognised that participants might have a role in framing a research enquiry so that they understand its aims and how it will be interpreted, thereby learning through participation in the process. The evaluation process of itself could lead to changes that fostered learners' understanding and skills, rather than disrupting them (Moss, 2008). Systemic validity could in this way be linked with ethical considerations, in that the design of an inquiry should recognise that the interventions involved will affect the learning of participants and seek to do so in a way that In Cho and Trent's (2006) terms at least does no harm, and at best contributes to promoting positive social change.

### *Validating the study*

In the present inquiry, making the research process open to audit would serve to render it more readily checked and evaluated by participants and peers for the credibility of claims about meaning (Spencer et al., 2003). Even then, however, there would be no direct way of checking participants' views. Member validation of texts by peers and participants and comparison with alternative interpretations would possibly help to strengthen internal consistency and ensure that the researcher's perceptions were reasonably free from bias (Cresswell & Plano-Clarke, 2007), but there would be no obvious way of ensuring that participants said what they really felt rather than what they thought I wanted to hear. People might find it hard to express what they were thinking and feeling, and there might be very good reasons why they would not wish to do so in the particular community contexts and circumstances of the study.

Messick (1989) conceptualised validity in such ambiguous circumstances as the degree to which other similar practice communities judge that they can rely on the concepts, methods and inferences of a study as compatible with their 'network of prevailing beliefs' (Cronbach, 1988) and could be sufficiently confident to invest time and energy in using the research outcomes as a basis for reviewing and developing their thinking and practice. This association might be represented in triangulation and member checking as part of transactional validity (Cho and Trent, 2006). It is also possible to think in terms of theoretical rather than empirical generalizability, where readers make links between the findings of an IPA study, their own personal and professional experience and claims in the literature (Mishler, 2000). The power of the IPA study can be judged by the light it sheds within this broader context (Smith and Osborn, 2008). Members of research and learning communities would judge for themselves whether incorporating the study's findings with other relevant evidence contributed something new to knowledge and understanding; and whether positive secondary impacts and intended and unintended consequences of the study for the quality of participants' experience had been achieved by carrying out the research. The issue became validation of all stages of the research, with claims made about the 'trustworthiness' rather than 'truth' of observations, interpretations and generalizations.

### **3.3 Eliciting personal stories and reflections**

#### *Communities of practice*

Experience of educational research and practice as enquiry into learning provided several useful principles as a basis for designing this enquiry into grandparents' experience and learning as regular carers. I have argued above that from the perspective of validity, such an enquiry could only be as good as its design and focus on the practice or learning whose characteristics and qualities were to be investigated; in order to make plausible inferences, it should be designed to make relevant demands on participants' thinking, involving observation and analysis of what people say or do as part of the learning process, situated in relevant practice communities.

The analytical framework provided by Wenger and others about learning in communities of practice (Ch2:2.9) provided a helpful basis and context for

determining ways of approaching data collection and analysis. The approach would be based on the idea that communities of practice are social settings where groups of people who share a concern or a passion collaborate over an extended period of time. In so doing they will share ideas and strategies, determine solutions and build innovations as they interact regularly and build relationships that enable them to exchange ideas and practice with each other. The group's collaboration will help to develop a shared repertoire of resources which can include stories and ways of handling typical problems (Wenger-Traynor, 2015).

Revisiting the Lave and Wenger's (1991) paper and associated challenges and critiques after 20 years, Wenger (2010) emphasised that the work provided a framework for observation of authentic practice rather than a 'blueprint' for setting up functioning communities of practice. For this study, the growing extended families and social groups of which new grandparent-carers were members would be taken as overlapping learning communities, where members could learn with and from one another about childcare, bringing different perspectives and understandings to the process and producing their own practices through local negotiation of what mattered, continuously co-creating and recreating each community's 'regime of competence' over a six-month period (Wenger, 2010). 'Knowing' on the part of each community member would be negotiated with respect to the regime of competence the community had created; identifying more or less with a community and its practices would help make it part of an individual's identity.

Further exploration of the literature provided additional support for this approach. Eckert (2006) emphasized the importance of talk for learning and practice communities. She characterized a community of practice as a group of people who engaged together in some common endeavour, and their talk as embodying the beliefs, values and power relations that emerged in practice in the course of participation; it was through talk that each individual constructed an identity and sense of place in the social world. Through shared language and discourse, all participants could develop their thinking together. Learning would become the collective knowledge of the group as internalised by individuals, who in turn externalised their knowledge in the group, who in turn used and internalised it, co-creating knowledge in an iterative, cyclical process. As Peterson and colleagues observed, 'it is in groups that we live, work, and play, and groups should therefore



be a primary focus of researchers interested in ... well-being' (Peterson, Park and Sweeney, 2008, p.19).

Klenowski and Wyatt-Smith (2014) observed further that the interaction of learners with the enquiry process changes them, so that enquiry becomes part of their learning, affecting their motivation, self-concept and agency. The enquiry should therefore seek to affect participants in a positive and constructive way. The agency of both learners and enquirers in a learning community should be recognized as they interact in enquiry; learners might have a role in framing the enquiry so that they understand its aims how it will be interpreted, with participation in the process offering them opportunities to develop reflective, critical and evaluative skills and to contribute to the learning and practice of others.

Together with considerations of validity, these principles persuaded me to design the present study to bring small groups of 'grandparent-practitioners' together in local communities of practice, enabling and supporting them to talk together over a six-month period to explore their experience and practice for themselves and to learn more about learning to be a grandparent-carer through collaborative enquiry. To elicit useful data about experience, the enquiry would need to focus on how grandparents exercised agency in their use of intellectual, human and material tools to formulate problems, work productively and reflect on their own and each others' efforts. They might be expected to understand and integrate learning strategies through observing and participating in social learning activities and through co-constructing their appraisal of their caring role in the specific learning and social context (Perry, Turner and Meyer, 2006). Different contexts for their 'situated' learning might be expected to provide different levels of structural, motivational, social and emotional support (Boekaerts, 2010).

From the perspective of the proposed study, each group of grandparents could thus be taken as a distinctive community of practice in a local setting that would provide a familiar, comfortable learning environment for its members to reflect on their caring role, to which they would also bring accumulated learning and experience from other interrelated communities of practice, for example their extended families, close friends, occupational and social groups. Additionally, by structuring the study in this way, it would also be possible to investigate a relatively small number of grandparents' experience of learning about what mattered in each community and



how its priorities shaped its members' perspectives; how participants engaged with their peers; and how they drew on and contributed to the group's accumulated social and intellectual resources (Wenger, 2010, p.180). Whether the experience was positive or not for individuals, through engaging in the process of establishing their place in the community they could be expected to modify their understandings and conceptions of what being a grandparent carer is about and help to create and recreate the group's distinctive 'ways of being'. Reflections on these particular aspects of their learning might also suggest ways in which support for grandparent-carers might be provided in the future.

### *Participants as co-researchers*

Since the proposed study would focus on how participants built their identities by making and sustaining personal relationships, there were obvious benefits in involving them in aspects of conducting the fieldwork. Their knowledge and insights from previous experience of raising their own children could be expected to become embedded in shared exemplars which also contained within them criteria and procedures for evaluating the trustworthiness of the investigation's conclusions (Mishler, 2000). This approach drew on the principles of action research as an orientation and purpose of enquiry rather than a research methodology (Reason and Bradbury, 2008), involving participants in 'cycles' of enquiry about their learning (Kemmis and McTaggart, 2000; O'Leary, 2004). Given that it is the community of participants who define what learning occurs in a particular context, asking them to share meaningful products and discuss efficient and less efficient strategies in a non-threatening way might create interest, opportunities to improve strategy use, and help build a community of learners (Boekaerts, 2010). Learning environments that stress responsibility, open dialogue, respect and application of theory and ideas in practical and group-orientated interactions are also thought to work better than conventional approaches to learning (Schuller and Desjardines, 2007).

By virtue of having volunteered as practising grandparent-carers, the volunteers could be assumed to be motivated to interact in the group. They would also be uniquely placed to comment on the meanings particular experiences and events had for them and respond to feedback from the study's emerging analysis, identifying issues and challenges that the researcher as an outsider might not see (Smith and Osborn, 2008; Denscombe, 2007). Their involvement in the study from a research

perspective might also contribute to the ‘trustworthiness’ of the study, depending as it did on ongoing interactions amongst participants as they went about socially co-constructing knowledge (Mishler, 2000). Collaborative feedback/forward to shape the study’s direction also had the potential to deepen their understanding of the issues to be addressed and develop their capacity as co-inquirers both individually and collectively (Hounsell, 2014) in line with Wenger’s (2010) analytical framework and making the prospect of continued participation over a period of time more attractive to them.

#### *Self-managed focus groups*

A second reason for involving participants in providing and responding to feedback was that my identity as an external researcher would inevitably affect what participants were prepared to contribute. They might seek to fulfil my assumed expectations, or anticipate criticism and negative categorisations, making them feel threatened or judged (Cameron, 2001). By shifting some control of the fieldwork to the participants, I could adopt a more facilitative role, explicitly encouraging them to reflect on their own practice and challenge and develop their mutual understanding (Zuber-Skerritt, 1996). IPA is most often conducted on the basis of texts generated in semi-structured one-to-one interviews, where the researcher’s role is to facilitate and guide but respondents can to some extent determine the direction the interview takes and introduce their own issues. Although one-to-one interviewing might be relatively straightforward to manage, it would still carry with it the challenges of an unequal relationship and power-dynamic between researcher and participant. By shifting some control of fieldwork to participants, I would be able to adopt a more liminal, facilitative role as a fellow-grandparent, supporting them to reflect on distinctive aspects of their practice and to challenge and develop their mutual understanding, but only occasionally contributing personal views or perspectives, in a grandparental rather than research-oriented way.

Texts generated by self-managed focus-groups, though harder to interpret, might better represent the variety of attitudes, perceptions and responses of a group of grandparents, modelling authentic interactions, trading on group dynamics, encouraging participants to identify issues and priorities and explore the reasoning and logic behind their views, as they simultaneously built relationships (Morgan, 2006). The disadvantages of lack of direct control of the discussion by myself as

researcher would be outweighed by the potential for participants to identify the issues that really concerned them, individually and as a group. The chosen method combined self-managed focus-group approaches for discussions, followed by semi-structured telephone interviews with selected individuals asking for feedback about the experience of participation in each case, building on their 'insider' knowledge in their particular community settings. Since participation in the study would be likely of itself to represent part of their learning experience, this approach would also have the benefit of providing a relatively 'safe' space for participants, helping to address some potentially quite complex ethical research issues.

Whilst the practice community approach might support authentic accounts and comparisons amongst the local participants and their experiences, generalizing and identifying patterns of experience across groups was likely to be more problematic. It would be the researcher's perspectives and insights from observing the discussions that would inform the analysis and help build theory from the data and test it against the research framework (Yin, 1994; Layder, 1998). The use of prompts, derived from studies of grandparents and their role in informal childcare (Ch.2.1) and distributed in advance of the discussion, would help the grandparents involved in the different groups to understand what the study was about and focus on the same broad issues, while at the same time leaving space for them to interpret and pursue the issues in their own way, within the broad framework of the enquiry. Feedback to the groups in the form of a summary transcript after each discussion, in preparation for the next, would enable participant and peer validation, and triangulation and interpretation of data within the wider social context, but with findings nevertheless demonstrably grounded in the empirical data in the form of transcripts of actual interactions (Denzin and Lincoln, 2003).

### **3.4 Ethical considerations**

#### *Dimensions of validity*

This qualitative study was designed to investigate a small number of grandparents' experience of becoming grandparent-carers. The account above has set out in some detail how technical quality could be achieved by matching the research strategy and methodology with the study's purpose and research questions. It could be argued that attending to validity in Newton and Shaw's (2014) terms of technical

quality, interpretation plausibility and ethical considerations represented an ethical position, since participants' interests were integral to the validation process and they had a moral claim to be treated with dignity and to have responsibility for their own actions and respect that responsibility in others (Pring, 2004). Adopting communities of practice as a framework for the research also provided an ethical perspective. Wenger (2010) argues that a 'regime of competence' is also a regime of accountability to the community as a learning partnership, whose members need to build respect and trust in each other if they are to 'belong'.

As members' practices and identities interacted and possibly conflicted, they could be expected to invest their identity and determine how to be accountable, each equally bearing this responsibility and committing to reflecting on their values and the quality of their relationships and interactions. For grandparents to agree to participate in the study, they needed to be convinced that the benefits of participation would outweigh the risks in terms of their personal lives and commitment of time and energy. It could be argued that participation represented an opportunity to network with and obtain feedback from other grandparents and could help to identify shared issues and practical solutions. A clear statement of the way the study's design took account of the ethics and risks involved, including the researcher's personal experience and identity and perspective on political, practical and ethical issues, would be essential. There are four perspectives that could be considered around the ethics of researching grandparenting: personal, professional, context-specific and cultural.

### *Personal perspectives*

Many writers emphasize the importance of researcher reflexivity in qualitative research. In phenomenological research, researchers take an (inter)active role; inevitably their interpretations of participants' efforts to understand and make sense of their personal worlds and experience will be shaped by their own beliefs, culture and experience (Mishler, 2000; Woods, 2006). They need to stand back and challenge these assumptions with an explicit public account of the impact of their perceptions (Ball, 1990), demonstrating their accuracy and sincerity and avoiding the imposition of their own views and assumptions (Williams, 2002). From a personal perspective my own values, ethics and emotional experiences of family and relationships, and especially of being a grandparent-carer, would affect and

shape ethical choices, making reflexivity a crucial part of the research process, during the enquiry and as part of data analysis and reporting. My perspective on ethical issues would also need to be built-in to the research process and transparent to those involved, recognising that there might be difficulties or conflict if what was learned about other people's lives and relationships felt unethical (Jamieson, 2011). In particular, there would be issues of confidentiality and power relationships if danger to children from adults was identified, since there is a recognised responsibility to pass on concerns about child protection (Bondi, 2005).

### *Professional perspectives*

Eraut (2007) explored ways in which practitioners in professional contexts developed 'expertise' that went beyond what they knew and could do to encompass values and ethics, a perspective that could apply equally well in the context of grandparents' activities. For Carr (2011) although knowledge and skills gained through practice were important, the really deep challenges were intellectual and moral as well as technical and required more reflective, evaluative dispositions and personal responses, which would contribute to the capacity to make sound judgments. He saw these more as 'virtues' than skills, developed through continuing learning and experience. Likewise for MacIntyre (2007), virtue ethics lie in the moral character of the individual and imply autonomy and judgment, rather than actions in response to externally imposed duties or rules. Schön (1987) judged that people needed to develop increasing wisdom and creativity in dealing with complexities, rather than attempting simply to apply learned skills in a rational, technical way.

From my own professional perspective as a researcher, it could be argued therefore that attending to validity represented an ethical position, since participants' interests were integral to the validation process. Designing the study to achieve this kind of validity involved determining what learning and practice would be of value to participants and how the process of inquiring into that learning might transform their personal experience and ultimately their sense of identity. The design and inquiry process would need to incorporate a clear focus on the participants' voices, what mattered to them and how they thought they might learn and develop. This relates clearly to the principle of respect for persons, who can be seen to have a moral claim to be treated with dignity, to take responsibility for their own actions and to

respect that responsibility in others (Pring, 2004). Perhaps the most important aspect to emphasise would be that all involved would be respected and every effort made to build trust amongst participants, respecting anonymity, confidentiality and the protection of individual reputations (Spencer et al., 2003).

### *Context-specific perspectives*

It would also be important to set out the planned and possible unintended consequences of participation in the study, showing how the outcomes might be reported in a fair and unbiased way, and how they might feed back directly into the community's practice (Hammersley and Traianou, 2012). The proposed use of audio recordings to capture data raised particularly tricky ethical issues as it could be threatening to participants, making them feel that they were under scrutiny. Participant practice communities of grandparents would therefore be offered shared ownership of anonymised summaries of transcripts and agree to take responsibility for their availability to each other. Although there is no absolute guarantee of confidentiality on the internet, openness and transparency about using the website, email and social networking could help to build confidence and trust (Denscombe, 2007).

Bringing together a new community of practice as a framework and context for the research also provided an ethical perspective. Wenger (2010) suggests that an emerging 'regime of competence' for the community would also in some respects be a regime of accountability related to what the community is about. As a learning partnership, the community's learning capability would lie in participants' mutual recognition of each other as potential learning partners, who need not agree or share a background, but did need to build respect and trust in one other if they were to contribute to the learning, each equally bearing this responsibility. As part of learning citizenship each member, including myself as researcher, would need to decide when and how to be accountable, since the practices and identities they brought and invested in the community would interact and possibly conflict. Part of adaptive competence could be seen as what Whitehead (2009) termed 'living theory', where each individual is committed to reflecting on their values and the quality of their relationships and interactions as part of the process of participation and practice.

However, Jamieson (2011) observed also that research in the context of families is distinctive in some important respects, being about how personal relationships are 'negotiated and contested' and continuously renegotiated as people move in and out of roles and experiences. The researchers judged that 'making the personal public' in this way had an ethical dimension: when people know that what they say is going to be made public they may be evasive or economical with the truth, even if there have been undertakings about anonymity, privacy and confidentiality. There may be conflicting loyalties amongst family members that prompt people to protect each other and close ranks, especially where informed consent is individual and may cut across the interconnectedness which is the focus of the research. In some respects therefore transparency in accountability could act to undermine rather than support trusting relationships and acknowledging such uncertainties would need be part of the ethical approach to the research (Gabb, 2008), acknowledging the difficulty of inhabiting a conventional, detached researcher role, neither influencing nor intervening: not intervening might prove counter to moral/ethical instincts (Jamieson, 2011). Undertakings about ethics would need to take account of each family's specific context, perhaps using 'situated ethics' rather than using general regulations as a framework for decisions (Simons and Usher, 2000; Macfarlane, 2009).

### *Cultural perspectives*

Finally, there would be a need to take into account my responsibilities as a researcher to the wider research and social community in Scotland and any possible impact of the research, recognising that the focus and findings might be in tension with the policy agenda, local culture or 'civil society' more generally. Given that the study sought to shed some light on the impact of grandparenting on the wellbeing of children, parents and grandparents, there was perhaps an ethical requirement to seek to reconcile civil and political interests. The topic area is private, but publishing the results is both political and social: many people would have a view because many people are grandparents and consider themselves 'expert' (Jamieson, 2011). Partnership, collaboration and relationships among the various research, policy, professional and social communities would be especially important for grandparents as the 'co-owners' of the research (Hutchinson, 2014). It could be argued that continuous, collaborative reflection and exchange of insights from experience,

reflecting a shared moral purpose, would serve to generate new and innovative knowledge and understanding, both within and across communities of practice. It seemed likely that grandparenting might in some circumstances make a positive and distinctive contribution to both children's and grandparents' wellbeing, in combination with parental and other forms of care, and that this contribution could be harnessed as part of the wider social intention in Scotland to close the opportunity gap between the least and most economically advantaged, in a 'cumulative' model of the social outcomes of learning (Schuller and Desjardines, 2007). Research into the complexities of everyday life might also help policy-makers to maximise good and minimise harm in the interests of social justice (Jamieson, 2011).

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This chapter has made the case for using a qualitative approach to the study, taking Interpretative Phenomenological Analysis (IPA) as a basis for analysing and interpreting the data. Validity for the study is taken as involving technical quality, interpretation plausibility and ethical considerations, at all stages of the inquiry. In pursuit of these qualities, the case is made for gathering fieldwork through self-managed focus groups learning in communities of learning, enquiry and practice, with participants acting as co-researchers; ethical issues are considered from personal, professional, context-specific and cultural perspectives. Chapter 4 following outlines the way in which these approaches translated into practice for the study's fieldwork.





## **Chapter 4**

### **Conducting the fieldwork**

Having established a theoretical and practical basis for studying grandparents' experiences, it was possible to start to engage in the process of fieldwork, from securing its ethical and technical basis through recruiting participants and recording their discussions, to processing, analysing and interpreting the resulting data. A data management plan is in Appendix 4.

#### **4.1 Recruiting participants for the study**

##### *Approaches to recruitment*

In line with the concerns about validity set out in Chapter 3, participants would need to be recruited appropriate to the research questions and theoretical aims, to provide an adequate amount of data to address research questions. To be consistent with the proposed methodology, it would also be important to identify communities in relevant and distinctive local settings (Eckert, 2006). IPA studies are conventionally conducted on small sample sizes, using an ideographic mode of inquiry that involves in-depth interviews that provide rich data from each participant or group and detailed case-by-case analysis of individual transcripts. A sample of 15-30 individuals is common where the intention is to identify patterns in the data (Gough & Connor, 2006). The aim was to say something in detail about the perceptions and understandings of this particular group rather than prematurely make more general claims.

Charmaz (2014) emphasized that recruiting participants through theoretical sampling allowed emergent and developing ideas from the data to shape the course of the research and the research questions themselves; as the study proceeded, the 'depth of focus' of theoretical sampling would help to build up a strong foundation for emerging concepts and categories. However, in this case although it was estimated that around 40% of children under 5 in Scotland might be cared for regularly by one or more grandparents, because the care was informal there was no database of current grandparent-carers to consult as a basis for developing a sampling frame for participants. An alternative would be purposive sampling, with the aim of finding a more closely defined group for whom the research question would be significant and who would provide insights and in-depth understanding of the issues (Patton, 2002).

Finding participants with relevant experience also narrowed the scope. I needed to find people who could provide appropriate information and reflections on their feelings and experience and would lend credibility to the enquiry, but were also accessible; my approach was also complicated by my intention to form local groups. As a single researcher with limited time and resources, I needed to acknowledge what could realistically be done in the particular practical circumstances of the inquiry (Patton, 2002). It became expedient to use snowballing and friendship pyramiding approaches, building groups of participants through personal and professional networks, taking a pragmatic approach which felt justifiable in the context (Braun and Clarke, 2013).

### *Recruiting participants*

From the literature, it seemed likely that the most authentic account of the grandparents' learning and experience would be gained by forming participants into small friendship/community groups for their discussions, with the explicit purpose of sharing experiences. The plan was to recruit through purposive and opportunity approaches grandparent-carers for the youngest children (0-3), each of whom was already part of a regular family care network (one or more days each week, but not full-time), to meet with other volunteers to talk up to three times over a six to eight-month period. The aim therefore was to recruit from four different Scottish localities, as far as possible to represent diverse demographic and socio-economic settings. I was aware that it would be important to avoid simply recruiting 'people like me' from my own social networks, who were likely to share my own views, preconceptions and prejudices about being a grandparent-carer, but to be realistic I needed to call on both my professional and my social networks to have a chance of persuading people to make what was a considerable commitment of time and energy to participate over a 6-9 month period. Time, travel and expenses would also need to be kept within reason, given my own caring and consultancy commitments and self-funded status. The possible eventual number of participants would necessarily be limited by the capacity of one person to process and analyse the data within a reasonable timescale.

Several approaches to identifying participants were tried. Personal, social and professional contacts in various parts of Scotland, including Edinburgh and Glasgow, but also Scottish Borders, Midlothian, the Dundee area, Aberdeenshire

and Beaully, were approached and asked either to consider participating themselves or to suggest contacts and settings where possible participants might be approached, including existing grandparent support groups in Midlothian and Scottish Borders. At the same time, cards and fliers about the study were distributed in the Edinburgh City and Leith areas in places that grandparent-carers or their families might visit regularly, such as libraries, GP surgeries, baby clinics, day-care centres and toddler groups (Appendix 1). These approaches had rather mixed success. Even if an individual was willing to consider participation, finding others to form a group with them proved challenging, perhaps telling its own story about a lack of local networking opportunities for new grandparents. Professional contacts in Glasgow and Scottish Borders were initially willing to help identify groups but were unable to follow-through. In the end the most effective approaches involved either personal, face-to-face contacts with people participating in similar activities as myself as grandparent-carers, which lent some credibility to the request, or in one case a contact identified through a professional colleague.

Once those identified had indicated their willingness to participate, letters and forms were sent to brief them about what might be expected of them; to address ethical matters; and to seek their permission to store and share anonymised data (Appendix 1). At this stage, one of the potential participants in the Glasgow area group dropped out, leaving a pair of grandmothers, later joined by a third for their final discussion. Other potential participants agreed to continue.

## **4.2 Setting up self-managed focus groups**

### *Characteristics of groups*

At the end of the recruitment process, 18 volunteer participants could be organized into five local self-managed focus pairs or groups. All of the grandparents were already volunteer part-time carers for their grandchildren, except in Group 4 (see Appendix 2). Since the recruitment of participants was eventually more or less opportunistic, no claims can legitimately be made about its representativeness of the population of Scotland in conventional terms, such as socio-economic status or ethnicity. All were white; most had lived in the same part of east or central Scotland for most of their lives, with two moving there from the north-west of England later in life, to be near their families. Most were quite comfortably off, from professional or

trades backgrounds and with college or university qualifications. Having said all that, however, the groups included both maternal and paternal grandmothers and grandfathers, with various personal histories, circumstances and family structures. They lived in different kinds of urban, suburban and more rural communities that might be expected to influence the way that they carried out and experienced their role as grandparent-carers. All but one could be contacted by email, either personally, or in Group 4 via a coordinator, but I posted or delivered transcripts and summaries to avoid any print costs to participants and in the interests of data security.

Although the participants had not originally been recruited for variation in family composition, the achieved groups turned out to reflect a broader definition of 'family' than I originally expected, given the limited scope of recruitment, consistent with 21<sup>st</sup> century families. The two Dundee groups consisted of three grandparent couples married to their original spouses; but even in this group, the children of two of them had partners who brought older children from a previous relationship. One of the Edinburgh grandfathers was a second husband with no children by his first marriage, now a step-grandfather; one was divorced, caring for his daughter's children and living with a partner with a growing family of her own. Several of the participants had caring responsibilities for older family members as well as grandchildren. Across the groups, participants were therefore accommodating a degree of complexity in their family relationships, negotiating blurred generational and kinship boundaries as they sought to agree child-rearing practices in the best interests of the extended family.

### **4.3 Gathering data: prompts and processes**

#### *Setting up discussions*

In the early summer of 2016, arrangements were made for the Glasgow and Dundee groups to meet for the first time. In this case it was agreed that the groups would meet in places convenient to themselves, hosting each other either in their own homes (Groups 1, 2 and 3) or in another convenient local meeting place (Groups 4 and 5). These were agreed with participants as arrangements that would be most convenient and reflect ways in which people might routinely meet socially in their own communities, thus reflecting everyday processes of social

interaction, reducing the artificiality and decontextualisation of data collection (Wilkinson, 2004). Modelling authentic interactions in this way was intended to provide a relatively safe space for participants to identify the issues that really concerned them (Morgan, 2006) and build respect and trust in each other as they negotiated meanings, elaborated suggested topics, justified their views and built personal theories. I would be present to facilitate the meetings, bring refreshments, observe the discussion and make audio-recordings, but participate in the discussions only minimally. All the participants were fully aware of my dual status as experienced grandparent-carer and researcher.

In order to explore the issues in detail, participants would need the opportunity to discuss what contributed to positive or negative aspects of their experience. Prompts to open up the discussion needed to be clear and easily understood, taking account of the findings about childcare, families, lifelong learning and their relationship with health and wellbeing outlined in Chapter 2 (Appendix 3). In the first discussion, given the likely importance to the quality of their experience of intergenerational relationships, the prompts encouraged the participants in each group to talk about why they had agreed to look after their grandchild regularly; what their own experience as a parent of small children had been like; what they thought they brought from that experience to caring for a grandchild; how they thought their grandchild's parents seemed to be coping with life with small children and how they negotiated and agreed with them ways of doing things while their grandchild was with them; and finally the highs and lows for them and those close to them of caring regularly for their grandchild.

Having considered a summary of their first discussion, the second discussion for Groups 1 and 2, around a month later, focused on their priorities for childcare, their management of their time and activities and how they adapted to their grandchild's development and changing needs and interests. Prompts for the final discussions turned the focus more outwards towards participants' place in the wider community, focusing on their perceptions of other people's view of them and where ideas about the role of grandparents might come from; and where they might go for help or advice if that had any questions or concerns about the wellbeing or development of their grandchild. They were also asked to consider whether grandparent-carers were well supported in their area, what was going well for them in this respect, what

they would like to see more or less of and what should be done differently, and by whom.

### *Facilitating the discussions*

Two members of each of Groups 1 and 2 met for the first time on consecutive days. The third member of Group 1 would join for the third discussion; I interviewed the third member of Group 2, who was unable to attend at the last minute, by telephone in the week following the first meeting, to allow her to catch up in time for the second discussion. Both groups acknowledged that my approaches and methods, including making audio-recordings, were to a certain extent provisional. I had provided prompts by email earlier in the week and took time at those first meetings to explain briefly how I wanted them to talk to each other rather than to me, as far as possible managing the discussion themselves, taking account of the prompts but also discussing anything related (within reason) that they thought important, in a cross between moderated and self-managed focus groups. I also explained what my own role would be in the group; that I would send an edited transcript of the discussion to them before they next met, to allow for comments and suggestions; and that all of their contributions would be anonymised. Holding these two meetings on consecutive days also allowed me to take my own learning about the discussion process from the first meeting to the telephone interview and the second meetings. First and then subsequent meetings for these and the other groups followed on over the autumn, using feedback from the first two, and a cycle of providing edited transcripts of discussions between meetings to allow reflection. In the event, the process proved to be straightforward and few alterations to the basic approach proved necessary during the course of data collection.

### *Feedback from participants*

Since it is suggested in the literature about learning that doing so with others in communities of practice is especially effective (Ch.2.4), and that they might benefit from being involved as co-researchers (Ch.3.3), attention was also given to any apparent effects on participants of reflecting on their experiences with other grandparents, in self-managed focus groups. I contacted the five participants involved in three discussions by telephone to collect their individual views about this aspect of the enquiry, once their discussions were completed (Appendix 3).

Understanding this aspect of participation in the study might suggest ways in which grandparent-carers might be better supported in local communities (see Chapter 8).

Because of delays in recruitment and time constraints, Groups 4 and 5 were involved in only two discussions. The same approaches were used, but the prompts reduced in number and split between the two discussions. Group 5 held their two meetings just over a month apart. There was a rather lengthy gap between discussions for Group 4, which was in any case a bit different, being an existing group with a support function already established. The first discussion was held during a regular meeting of six members of the group, with the convener acting as 'gatekeeper' and herself participating, an approach previously approved by her line manager. She subsequently moved on and a new convener eventually took over. The second meeting involved only two of the original participants and the new convener, to talk about the status of and support for grandparents in the local area. Group 3, the Dundee grandfathers, agreed to undertake a single discussion simultaneously with their wives' third discussion, addressing a subset of the prompts (Appendix 3). Since they had been involved peripherally from the start of the enquiry, they were sufficiently well-informed about its aims and progress to be able to manage and record their discussion readily in an adjacent room, without my presence being necessary.

Between and following the groups' discussions, summaries and then anonymised transcripts were circulated to all participants individually, and then within their own groups, in line with arrangements for confidentiality and openness, as part of the ethical arrangements agreed at the start, in order to confirm agreement to store and publish the transcripts as part of the study and later to be accessible to other researchers (Appendix 1). As a result of the comments, feedback and discussion with individuals, the wording was edited and a few passages were redacted, on the grounds that they might adversely affect participants' family or social relationships.

#### **4.4 The researcher's role and perspective**

##### *The researcher's role in discussions*

IPA is most often conducted on the basis of texts and transcripts collected in circumstances where the researcher's role is to facilitate and guide but respondents can to some extent determine the direction the interview takes and introduce their



own issues. Where grandparents have in the past been interviewed by researchers, it is acknowledged that an unequal relationship and power-dynamic between an external researcher and the participants inevitably affected what participants were prepared to contribute. In other studies researchers have found that grandparents may present a view of themselves that they consider to be socially and publicly acceptable (Rutter and Evans, 2011). They may also tend to talk about family life in normative terms, appealing to well-known shared cultural understandings and presenting an acceptable 'moral self' as grandparent (May, Mason and Clarke, 2012).

With regard to my own presence at the discussions, knowing some of those involved also raised issues around managing dual relationships and made it all the more important to be reflexive and give participants a distinctive voice. Coming to the community as a researcher with well-formed opinions and expectations about 'good' grandparenting, based on personal experience, might well have the effect of distorting attempts to explore the experience of other grandparents, who might not identify with that experience and find the researcher's views and social background alienating. They might seek to fulfil the researcher's assumed expectations, or anticipate criticism and negative categorisations, making them feel threatened or judged (Cameron, 2001). There were also issues also in planning repeated interviews, where initial encounters might impact negatively on future participation.

### *Issues of reflexivity*

Lincoln and Guba (1985) consider the qualitative researcher as a 'human instrument', a unique role in enquiry since only humans can be flexible enough to capture the complexity of experience. However, the researcher, often unconsciously, will select what to observe and how to record and interpret observations on the basis of reflexivity and personal experience Braun and Clarke (2013) note the need to reduce the 'power of moderator' in a participant hierarchy, in order to introduce 'ecological validity', so that a certain amount of personal disclosure is appropriate during discussions, both to establish rapport and challenge the researcher. With this in mind, my personal presentation was more as a grandparent and not so much as a researcher. My intention was to take the role of a liminal participant in each focus group community of enquiry, being part of the

group's culture as a fellow grandparent and making the occasional contribution, but also keeping slightly separated as a researcher (Robben and Sluka 2007).

Such observational techniques might, however, also present practical and ethical problems (Morgan, 2011). In phenomenological research, researchers are expected to take an (inter)active role; inevitably their interpretations of participants' efforts to understand and make sense of their personal worlds and experience (Mishler, 2000) will be shaped by their own beliefs, culture and experience (Woods, 2006). Aware of this, I would need to stand back and be aware of my assumptions and the impact of my own perceptions (Ball, 1990), aiming for accuracy and sincerity while avoiding the imposition of my own views (Williams, 2002). I would also need to recognize the enquiry as an iterative process, not necessarily linear, involving constant knowledge exchange, interaction with others and interplay between researcher and researched, using 'applied reflexivity' (Jamieson, 2011), always trying to keep in mind a clear purpose and audience for the study in representing meaning (Morgan, 2011).

White and Drew (2011) concluded that qualitative researchers' credible findings are 'negotiated accomplishments' as they generate meaning both with and beyond participants through the approaches used and the relationships developed, so that these have a fundamental role in shaping the material. I attended all the discussions except that of the Dundee grandfathers, and made audio recordings, but did not make written notes at the time as that might emphasise my role as researcher rather than fellow-grandparent and interrupt the flow of the discussion. I preferred to listen to the discussion with my full attention and respond silently as appropriate, thus being part of the group but only occasionally contributing.

#### **4.5 Analysing and interpreting the data**

##### *Context and challenges*

In approaching analysis of the data, there were particular challenges raised by the strong focus in the discussions on family matters. Arber and Timonen (2012) considered that emotions and morality are strongly associated with family practices through language and family talk: the relationship between what is said and what is done in practice is not straightforward in any inquiry based on talk, but especially where family is concerned. They suggested that words need to be taken by the researcher as a practice in itself, a way for participants to construct the family 'self'

in a particular context. Sequential stories, and narratives generated by these partly self-managed groups, supported and prompted but not directed by the researcher, would illustrate their lives in time rather than at a point in time, telling how family and relationships had evolved: what people actually did, when, how, in relation to whom, making a link between everyday practices and historical, social and cultural change (Gabb, 2008). Their stories would represent the variety of attitudes, perceptions and responses of participants, trading on group dynamics and encouraging them to identify and share their issues, priorities and the differences amongst them, and explore the reasoning and logic behind their views, as they simultaneously build their learning and relationships (Morgan, 2006).

Discussing the distinction between collecting data and creating meaning in contemporary qualitative enquiry, White and Drew (2011) cite Mazzei and Jackson in asserting that it cannot be assumed that what participants say is 'present, stable, authentic, and self-reflective' (Mazzei and Jackson, 2009, pp. 1-2). They consider that the researcher is not neutral and needs to take responsibility for the interpretation of the data. By focusing only on the accounts of participants, researchers might potentially attribute too much weight to participants' accounts, taking them at face value rather than evaluating them as one data source amongst several and subjecting them to critical research analysis, using theoretical tools to shift the interpretation beyond the transcripts to consider the co-constructed meanings established amongst the participants and with the researcher. Barry (2009) goes so far as to suggest that in a post-structural world, a text is created not by its author but by the reader, 'by language itself' (p. 64). Kvale (2007) argues that some of an analysis of discussion actually takes place at the time (in the researcher's head or notes) so that subsequent analysis of transcripts involves developing meanings already established rather than starting the interpretation of data as if it were neutral, reworking interview transcriptions as though they consist of facts or themes that exist independent of the context in which they are generated (Richardson, 2003) and as though shared meanings did not exist. In these circumstances, and in the interests of reflexivity, it was important to be clear about the personal views and attitudes that I brought to the discussions as the fieldwork progressed and the process of analysis and interpretation got under way, both as a researcher and as a grandparent-carer.

*Analysis and interpretation of data in practice*

Smith and Osborn (2008) held that typically in IPA, the process of analysis and interpretation of qualitative data would involve inductive analysis, from data to interpretation/theory, reducing and reconstructing the data through the process of coding and categorization, in order to interpret the phenomena being observed. In this study, the analysis and interpretation of the discussions and telephone conversations from fieldwork started from the transcription of some seventeen audio recordings, which involved detailed and repeated review shortly after each took place (Appendix 5). Repeated listening, both on and between the lines, possibly more as an experienced grandparent-carer than a researcher, eventually gave me some insight into the perspectives of each individual carer and group and their circumstances. Transcription was an iterative process that involved both checking the accuracy of details (sometimes hard to decipher) and developing consistent protocols for the presentation of exchanges.

The transcription process clearly recalled the circumstances of the discussion and consolidated or sometimes slightly shifted the impressions of the relationships and interactions amongst the participants that I had formed at the time. In particular, the extent to which participants in the discussions paused or hesitated, or affirmed, added to, interpreted or finished each other's contributions, tended to reflect the degree of their engagement with a particular topic and with each other, evident to an observer of expression and gesture and in the tone of voice and delivery in the audio recordings, but not necessarily otherwise reflected in the written text. It is important to note that it was clear from the recordings, more so perhaps than from the transcripts, that both taking part in the group discussions and being grandparent-carers were positive and enjoyable experiences for these participants.

As each transcript was completed, it was sent to individual participants in each group for their initial comments, in advance of the next scheduled meeting. In two cases, short sections that might cause discomfort or embarrassment to other family members were discussed in telephone calls and then redacted before the next meeting took place. Once all the discussions and transcripts were completed, each transcript was reviewed and annotated to identify emerging categories. The content analysis of written transcripts would not necessarily provide insights into implied meanings or subtleties of text but could provide a basis for their exploration

(Denscombe, 2007). This involved starting from relatively free textual analysis of the transcripts, summarizing or paraphrasing, and making associations or connections and preliminary interpretations. My initial content analysis included notes based on the impressions formed through listening and transcribing, described above (Appendix 5), keeping in mind the prompts provided for each meeting as superordinate themes, since they sat behind the main research questions (See 4.3; and Appendix 3). I then mapped out emerging themes and categories for each group across their two or three discussions separately, to identify recurring themes (Appendix 6.1); and across groups, in order to consider possible differences in focus or emphasis amongst groups, bearing in mind that some groups met more often than others (Appendix 6.2).

From here the analysis moved on to documenting and then connecting emerging theme titles, and then on to theoretical ordering and clustering of themes (Appendix 6). For Smith & Osborn (2008) the challenge at this stage would be finding expressions which were high level enough to allow theoretical connections within and across cases, but which were still grounded in the particularity of the specific things said. As the analysis progressed, there was more systematic cross-reference to the research and survey findings relating to the setting for grandparent-care and its impact on carers reported in Chapter 2.1-2.3. In identifying themes, my main interest was in the range of different 'culturally intelligible' possibilities participants drew on in their roles as carers, clearly focused especially on making and sustaining relationships and identity (Cameron, 2001), with close attention to the values, positive and negative views and apparent priorities they expressed (Krippendorf, 2004) and the way their local setting and experience shaped their discourse. Again, this was an iterative process, as themes became categories and vice-versa, and both merged or divided. The themes and categories identified at this stage in the process would eventually inform the structure of Chapters 5 and 6 (Appendix 6.4).

At this point in the analysis, the emergence of relationships and identity as overarching themes in accounts that were so positive for participants brought the connection with learning communities, lifelong learning and 'learning for life' into clear relief (Ch.2.4), helping to suggest *why* caring can be a positive experience. Eckert (2006) considered both speech community and community of practice approaches to be necessary and complementary, and that the value of each

depends on having the right abstract categories and finding the communities of practice in which those categories are most salient. In other words, the best analytic process would involve feedback between the two approaches. Considering the themes and categories in relation to theories about the learning process, learning communities and their benefits for the health and wellbeing of learners led to the separate but linked consideration of caring as intergenerational learning in Chapter 7 (Appendix 6.4).

Throughout the process, the original tables of transcripts and associated notes allowed consistent connection between them, ensuring that the analysis was firmly grounded in what the participants contribute to the discussions. Smith and Osborn (2008) suggested compiling 'directories' of participant's phrases that supported emerging themes, an approach which I adopted as the analysis progressed, returning to the transcripts separately from themes and categories to make an inventory of all 'quotable quotes' from each discussion and then mapping the quotations back on to a list of themes and categories for each draft chapter (Appendix 7). There was some further movement of categories amongst themes and themes across chapters at this stage; some quotations would map on to more than one theme or category. Eventually, however, three main superordinate themes were firmly identified, forming the titles and headings for the following three chapters of this study (Appendix 6.5).

In terms of presenting the analysis, I adopted Smith and Osborn's (2008) strategy of discussing the links to the literature for each superordinate theme in that section. From the data gathered, it was possible to identify ideas that were shared across participants and groups, and indeed the consistency of the views arrived at over the course of the discussions, regardless of socio-economic factors, location or gender, was one of the most striking things about the data. Where there did seem to be difference amongst the groups, these are referred to in the text as they arise, but the differences amongst individuals were generally greater than those between groups. It should, however, be emphasized that it is not possible to generalize about grandparents' experiences beyond the limited scope of the 18 participants in the study, except insofar as they seem to be consistent with the findings from relevant research studies and surveys, referred to in the text.

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This chapter has described the practical details of the process of conducting the fieldwork, from securing its ethical and technical basis, through recruiting participants and recording their discussions, to processing, analysing and interpreting the resulting data. Snowballing and friendship pyramiding were used to recruit participants for five small friendship/community groups in four different Scottish locations. These groups were not economically or culturally representative, but participants had a variety of personal and cultural histories and family structures. Prompts were used as a basis for discussion; transcripts provided between meetings and the opportunity to provide feedback by telephone both allowed participants to reflect on their experience of participation as 'co-researchers'. I describe the process of analysis, acknowledging the challenges of taking account of reflexivity in considering the transcripts from a critical research perspective. The analysis of the transcripts moved from transcription of the audio recordings through documenting and connecting emerging theme titles, through analytical and theoretical ordering and clustering of themes, to the compilation of 'directories' of the phrases from the transcripts that supported them, to the identification of three main superordinate themes that formed the titles of the three chapters in Part 3.

## **PART 3: THE GRANDPARENTS' PERSPECTIVES**

### **Chapter 5**

#### **Becoming a grandparent-carer**

This chapter is about the accounts of participant grandparents about how they became regular grandparent-carers and the impact on their lives. Across the groups, the discussions addressed the participants' reasons and motivation for taking on the role in their families; how they adapted their lives to regular caring; and how the role affected their place and relationships in the family. The consistency of the participants' views and opinions, regardless of socio-economic factors or gender, was one of the most striking things about the data, any differences being accounted for more by personal circumstances. Some apparent differences in the experiences of grandmothers and grandfathers in their communities are discussed in Chapter 6.

#### **5.1 Making the commitment**

##### *Choosing to care*

In developed western economies, including Europe and the UK, families are recognised as powerful agents of social change (Jamieson, 2011). Jamieson and her colleagues cite Hagestad (2006), who suggested that the rhythms of individuals' and families' lives reflected the cultural, economic, political, and demographic conditions of the times: families of the early 21st century look and feel very different to families of the past. Hagestad focused on how families mediate between individual lives and societies over time, seeing families as bundles of interconnected lives. These shifts in relationships between generations and changes in family structures and support could be seen as being in response to the changing social and economic context in different cultures, challenging ideas about what makes a family and what family members 'owe' each other (Izuhara, 2010).

Philipson (2013) argues that changing roles and relationships in families are probably the most important of the new forms of multi-generational support and that intergenerational ties and solidarity in multigenerational families can also transform or mitigate conflict. Such ties are thought to remain important in people's lives, with the majority of older people in western democracies still being part of substantial kin



networks, where individuals actively create their own models of living, negotiated among family members (May, Mason and Clarke (2012). Older family members are also increasingly recognised as donors rather than recipients of intergenerational support, with an important role in distributing financial, material and emotional support (Bengston et al., 2000; Hank and Buber, 2008; see also Ch.2.1). It is thought that grandparents actively involved in family life can help to reduce the stresses of parenthood and also positively benefit the relationships and wellbeing of other family members, acting as informal insurance against the risks and pressures for families of return to work, finance, separation or single parenthood (Arber and Timonen, 2012).

It is widely perceived in the UK, including in Scotland, that it is parents who choose grandparent care, this element of choice being one likely reason for the continued high demand for informal childcare, most often using informal childcare in combination with some formal childcare or early years provision (Bryson et al., 2012). Other writers suggest that it is very common for parents to take into account both the benefits of the care that can be provided, given the available alternatives (Leach, 2009). There is some evidence that parents stress the potential for informal childcare arrangements to have positive effects on the wellbeing of parents and grandparents and on the closeness of family relations, although they do also highlight the potentially negative consequences such as grandparents interfering with their childrearing practices (Bryson et al., 2012).

Overall, the participants' discussions supported these views about grandparents' role in families and childcare. However, the idea that the decision to involve grandparents in regular childcare came principally from parents is not fully supported by the evidence from the study. All the participants had clearly been proactive to some extent in making the arrangement to care for their grandchildren. The emotional ties and investment that the role entailed were clearly important and their explanations for becoming involved showed both pleasure and satisfaction in their continuing position and identity as active and valued family members. Indeed, it could be said that that the main impetus for taking on a caring role was more about building and nurturing their families as a whole than simply looking after a

grandchild to work or study. Mary and Ellen<sup>16</sup> were typical in articulating their desire to be closely involved in their families in a continuing role:

I wouldn't have come [from England]<sup>17</sup> if it hadn't been to be heavily involved in their lives.  
(Mary, Group 1)

We just think it's fun, it's an extension of your own, you did it for your own, you can do it for your grandchildren... it was your children and now it's their children and you just get on with it... it's just you're looking after the family...  
(Ellen, Group 1)

They moved near us, and now they're just about four or five minutes along the road, and it's absolutely brilliant. I mean it wasn't far before, but... it's just made all the difference, it just makes life so much easier for us all... and *my granddaughter's* quite happy whatever, she doesn't mind, it's almost like, this is a home from home...<sup>18</sup>  
(Myra, Group 2)

James and Liz both agreed that the decision to undertake the caring role and determining its scope was very much a personal one. Liz in particular emphasized the importance of the grandparent's own feelings and circumstances in arriving at the commitment, feeling that it was the grandparents' decision to make.

If you had... a regular two-day a week commitment... it would impinge on your life and whether you resented that or not would depend on you as an individual...  
(James, Group 3)

I know among our friends and neighbours, they just said no, they wouldn't do it. They wouldn't commit to a regular - like this once a fortnight that we do with our grandson. I think it's more about what we feel and we want.  
(Liz, Group 2)

Myra also recognised that the period of time during which grandparents could be especially close and special to their grandchildren would be limited, so that it was important to take the opportunity when it presented itself.

They'll get to the stage when they're going to many different things after school and they'll have their own friends and they'll be having sleepovers and Granny will be a different kind of person then... so I'm very well aware that these years are to be treasured and cherished...  
(Myra, Group 2)

Robert, who had not had children of his own by his first marriage and had not expected to be a grandparent, expressed his pleasure at his unexpected change in status:

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<sup>16</sup> First names have been changed, to protect identity. Phrases separated by... indicates a longer pause or missing text.

<sup>17</sup> Text in square brackets [ ] is explanatory, not part of the transcript.

<sup>18</sup> Text in *italics* replaces first names, to protect identity.

The one thing that I love that I thought I would never ever experience in my life is somebody in the playground, 'That's my Grandpa', and to hear that, it's a joy! I mean, I even get introduced, 'This is my Grandpa'.

(Robert, Group 5)

It was, however, readily acknowledged by the participants that although they themselves had willingly taken on the role, by no means all grandparents or other family members would either want or be in a position to undertake the role, possibly for health reasons or due to caring responsibilities for older relatives, especially for the women (see Ch.2.1). Sheila, a full-time kinship carer acting simultaneously as both parent and grandparent, spoke about the role of her own parents:

My mum is there, and sometimes my sister, but they've all got their own health, and my dad doesn't keep good, so when my Mum - struggles with my dad on a daily basis, so I only let them help when they can manage. I don't try to put everything on them now, any more, because it's becoming too much.

(Sheila, Group 4)

### *Family considerations*

Although the grandparents' feelings were important, the economic factors emphasized in policy certainly played a part in the decision to take on regular care, especially (but not only) for those whose own or whose children's circumstances were less affluent. Across the groups there was recognition that for their children's generation there were pressures for both parents to work, with mothers in particular often returning to work within the first year of their babies' lives. Participants certainly seemed very aware of the cost of associated childcare and the practical pressures of combining work and family responsibilities.

I suppose we're now thinking about... maybe actually doing some of the day care... I got a quote today, about £500 or something like that, for three days' day care, for goodness sake, that's just frightening really.

(Graham, Group 5)

For most of the family I know there's definitely a financial element to it, which I think is why they use grandparents as well as nurseries, for a lot of them, a balance between they don't want them in nurseries all the time, but equally to put them into nurseries for a lot of them is very very expensive, you know, if it was going to be five days a week...

(Anna, Group 2)

However, as Leach (2009) observes, although families may prefer grandparents to formal childcare partly because of the costs, equally important considerations may be convenience, dependability, loving and understanding relationships and a happy, safe child, perhaps particularly in already relatively cohesive families like those involved in this study. Grandparents' care may be not just highly affordable but also

safe and flexible, provided at home by a trusted relative who will also likely share their culture and beliefs (Rutter and Evans, 2011).

The participants in this study were particularly aware of the impact of the pressures on their children's and grandchildren's wellbeing. Mary's and Clare's contributions suggested that their perspective might be less practical and instrumental than is generally assumed and they were keen to do what they could to support their families with their time, companionship and emotional support as the new parents sought to reconcile work, social and family life.

(One) reason I agreed to look after *my granddaughter* regularly was that my daughter and her husband are both in low-pay work sectors... apart from having no money, they had got jobs that were... taking them out of the home for slightly longer than might have been best with a small child...

(Mary, Group 1)

My daughter was actually thinking... of having another one, and she says, 'Mum, I'm thinking financially though... how are we going to manage?' ...financially you've got to... work out if you can afford to have another child, and have your set family, whereas years ago that was never thought about... It's such a shame.

(Clare, Group 4)

### *Family benefits*

Other benefits of grandparent-care seemed to accrue to the grandparents themselves through their involvement in family life. Arpino and Bordone (2014) suggested that strong social and family networks were associated with older people's better physical and emotional health and cognition and high levels of autonomy, leading to better decisions, especially for those living alone. Several participants in the present study lived alone and might be vulnerable to feelings of isolation, while those who shared the care with a partner might be less likely to experience loneliness. Several of the participants mentioned the way that their role was shared within the wider family, often in the context of the parents' (usually the mother's) part-time working arrangements. Around half of the families represented in the study had extended family arrangements that had the obvious advantage of contributing to the flexibility of care and cover in case of illness or other commitments.

A: And the fact that you've got a back-up usually.

L: Yes, so we both go.

A: Like if you were ill you don't feel like you're letting them down.

L: No, no no. I think if we couldn't go and the other granny couldn't do it then he would just go to nursery... there's always a back-up. But we're quite flexible in our arrangements.

(Anna & Liz, Group 2)

As well as the practical benefits, these extended families could also involve participants in broadening their own family circles and establishing new relationships through their children, building as well as sustaining their families.

And the other gran, she works part-time still, but she wanted to help as well, with childcare, and because neither of us wanted to do it full time, we split it equally, so I always knew... it would always be a shared task.

(Mary, Group 1)

The comments also clearly reflected the view of participants that grandparent-caring was in the best interests of wellbeing for all the participating members of the family, not least themselves. Mary, Debbie and John referred to the benefits for members of their extended families:

(My daughter) she's quite conscious of the mother-in-law of a girl always seem to get the worst end of it generally... the girl's nearly always in charge aren't they, and she didn't want that to happen to *her mother-in-law*, none of us do, because we're a lovely extended family... in some ways she's so grateful she's got equal footing with the Mum of the Mum. And I'm grateful that she's there, because I wouldn't want to have the whole responsibility.

(Mary, Group 1)

My mother and my aunt looked after *my granddaughter* when I was at work in the morning. So she had the benefit of her gran but also her great gran, and my mother... she's always been really young at heart, and so she really enjoyed having *my granddaughter* as well, and they kind of shared her between her and my aunt, out and about and doing lots of different things with her...

(Debbie, Group 4)

[The] childcare's shared amongst three sets of grandparents. I'm separated from my daughter's mother so she takes one day, I take them another day and then my son-in-law's parents take the third day... and that's great because we will have the equal access to these kids and that's really important to me as well.

(John, Group 5)

## 5.2 Adapting to the role

### *Ready to care*

Erikson and Erikson (1997) defined generativity as being about establishing and guiding the next generation. They asserted that older people can and need to maintain a generative function, with grandparenthood as caring offering individuals a chance to practice it in different ways. Responses from most participants in Warburton et al.'s (2006) qualitative study of successful ageing also suggested that

older people have an important generative role in society involving passing on their wisdom, experience and their values. Schoklitsch & Baumann (2011) found in their study that generativity, along with being thought of as a valued elder, a source of knowledge and support to grandchildren, and taking their grandparent role as central to their sense of identity, behaviour and feelings, were best predictors of grandparent satisfaction. In their study about age identity, Kaufman & Elder (2003) found that the timing of the transition to being a grandparent was particularly important in shaping the identities of older people, since it was often considered a benchmark for the beginning of old age or a new stage in life. Those who made the transition to grandparenthood relatively early felt older than those who made this transition 'on time.' They also found that social networks reduced the importance of age to an individual, so that being actively involved with younger grandchildren might help maintain a younger age identity and give grandparents something to live for.

These findings provide a helpful perspective in considering participants' reflections. Several referred to having reached a stage in their lives when they felt 'ready' to take on a caring role. They might have reached retirement age or felt they had done other things as individuals and now felt ready to be more active in their families or have experienced changes in relationships or illness or bereavement, so that they felt the need to consolidate their family relationships and the support these could offer them.

I had to retire, I was only 43, through health... I did start doing freelance work again, but I could only do part-time, so I've had a very long time to do as I please...

(Mary, Group 1)

I remember my son saying to me, Mum, this has come at the right time in your life, because we travelled quite a bit, and I'd be able to go anywhere and do anything, but we'd kind of done a lot of travelling and it was almost like the time was right, and although I was older as a grandparent compared to many, I was... just coming on for 60, it was the right time.

(Myra, Group 2)

Participants acknowledged that they especially enjoyed the benefit of having more time to devote to their grandchildren than they had had as parents. Their comments suggested that they experienced less emotional stress as a result, rather than being constantly under pressure to get things done.

My own experience... is that there's always enough time for everything because there never seemed to be enough time when *my daughter* was small, but now, there's always time... it doesn't matter, you can put down anything...

(Mary, Group 1)

I think what we have is the opportunity to be with them without... necessarily having to organise a structured day... Mothers and fathers have a plan for the day... Grandparents have got time... you don't have to stop this because you've got to get the washing on.

(James, Group 3)

Participants also referred to their emotional preparedness to make the adjustment to caring successfully as they moved from the role of parent to grandparent. Several participants referred to the changes in priorities, perceptions and values that they thought came with age, with patience, more relaxed attitudes and more flexibility regarded as virtues of older people. They seemed to feel that they were bringing a different perspective to family interactions, making a distinctive and valuable contribution to their children's and grandchildren's lives.

I think you're bringing a slightly different perspective. I think they perceive you hopefully as being different from their parents so you're bringing... different views and perspectives on life. And you're able I think to... do things that the parents just don't have time to do...

(James, Group 3)

There was general agreement within the group about these ideas and the view that the changes in perspective brought by experience and maturity in some respects explained the differences in outlook and practice between parents and grandparents.

I've got no housekeeping routine now, that is unbelievable! Because I've always had a routine... Time now expands and somehow everything does get done, and it's ok.

(Mary, Group 1)

We're a wee bit more relaxed I think... as an instance... when we came back from Music yesterday *my grandson* was asleep in his buggy, so I just left him in the garden in his buggy, asleep, I didn't put him in his cot.

(Liz, Group 2)

I think you're a bit older and wiser to be honest, and the things that were important then, when you look back, weren't...

(Myra, Group 2)

On the other hand, participants also expressed a heightened awareness of risk and a sense of vulnerability in relation to their caring role, despite having been confident parents. Feelings of anxiety for a child not your own seemed to be experienced by participants across the groups:

Even like now, if *my grandson's* out too long, a wee poke... (to hear him breathing!)<sup>19</sup> If he's not moved for a wee while! All the things that I never actually did with my own, but because (because it's somebody else's)...

(Claire (and Mary), Group 1)

You have to be... conscious about risk... things like fireguards... and then now he's kind of, he's doing the - what is it - the 'commando shuffle', and he goes with his arms to get across the floor, and he's so fast now!

(Graham, Group 5)

John and Debbie both noted the difference they experienced in caring for their grandchildren compared to their own children.

It's been... quite a different vibe working... being with my grandchildren than it was with my own children. I'm quite astonished how relaxed my daughter is with her children – I'm on edge all the time – I know I wasn't on edge all the time with my own children, so you know there's a different, a very different feeling towards caring for grandchildren and caring for your own children.

(John, Group 5)

I had three under five myself and... you just did it... you kind of just got to know all their wee idiosyncrasies... because you were with them constantly, but... with having my grandchildren, I know them, but sometimes there's things that happen, I think, 'oh, what's going on with him?' you know, 'why is he acting like that?'

(Debbie, Group 4)

Only very few of the participants regularly cared for their grandchildren up to five days a week or more, with one of these acting as a full-time kinship-carer. Those who contributed a day or two each week were also clear that it was important to them that the role they had taken on was part-time and/or shared.

I discovered this week that one grandparent is doing three days a week, and ... I said, 'how do you feel at the end of three days?' 'Oh', she said, 'I'm just exhausted'.... I couldn't do that every week, it would be too much ... I like my day-and-a-half, and ... that suits us, but I think it would get a bit much if it was more than that.

(Myra, Group 2)

... I was thinking of my sister, but she does four days, she doesn't do five. But sometimes weekends come into it as well, and it can be a whole stretch, and she does get very tired then.... So yes, it strikes me that you need to kind of be a bit cautious about the full-time notion.

(Mary, Group 1, Feedback)

The grandparents also spoke about the way in which their strength and stamina was diminishing with age, so that the physical aspects of their role were particularly demanding, particularly for those committed to more days or longer hours.

Sometimes I'm there till 7 o'clock at night from the early hours of morning... And she says, 'Why do you go up and sit there yourself?' I don't like to say, well I feel like a burst ball right now!

(Claire, Group 1)

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<sup>19</sup> Text in round brackets () indicated interjections from others in the group.



Doing this five days a week, it gets to that time when Mum and Dad come in, and I'm thinking, as much as I've enjoyed being with them, I'm starting to feel a bit tired now... I have a six o'clock time that I start yawning... it's always six o'clock.

(Marie, Group 4)

### *Commitment to care*

The discussions also confirmed the view that grandparent care might have some advantages for parents over professional paid care. Although the number of days that most of these grandparents cared for grandchildren each week was limited, the *quid pro quo* was that those days they did work were generally long and there was some flexibility about the hours, sometimes also supplemented by irregular extra hours in the evening or at weekends.

It's long days because we're up at six o'clock, quarter past, in the morning, we've to be at the house for quarter to seven in the morning, and some nights, some nights they're home early, it's maybe quarter past five, sometimes quarter to six, so it's a good eleven hour days that you've got, three days a week...

(Irene, Group 4)

The boys are four and the girl is two and these are the grandchildren I look after one day a week on a Friday... I pick them up first thing in the morning and I look after them all day until my daughter finishes work, and that's quite flexible... so it's a whole day out of my week that I spend with them.

(John, Group 5)

They also emphasised the need to be adaptable to changing circumstances and being willing to change their plans and domestic routines at the last moment to accommodate their children's needs in the case of illness or other needs for childcare during working or unsocial hours, even if it proved disruptive to their own lives.

I help out with the care of them three days a week and I'm needless to say always around, for emergencies.

(Marie, Group 4)

I've never really been called upon to babysit, but child-minding during the day, yes, I've done lots... For instance, if my daughter's got to take one of the children to the doctor's ... I'll go and look after the other ones if that's what she requires ... so it's pretty straightforward ...

(John, Group 5)

Several studies from the UK, Europe and the USA suggest that those who provide care for longer hours say they feel taken for granted and pressured into doing more than they want are less satisfied and more likely to report a negative impact on their health and wellbeing (Statham, 2011; Hank and Buber, 2008). Research into the

experience and impact on health and wellbeing of heavily committed grandparents has investigated the extent to which their perception of stress and available resources are associated with their well-being (Arber and Timonen, 2012). One study found that a low perception of stress and resources was associated with a higher level of wellbeing (Sands et al., 2005).

There seemed to be a significant sense of responsibility amongst participants to fulfil their commitments, feeling that they should be there to care even when they did not really feel up to it:

I mean it's long days that you put in... as long as you're feeling all right, it's fine, but the days when you're not feeling quite up to par, it's not like being at work, when you can... think, I'll take a sickie today, you just have to carry on...

(Irene, Group 4)

Group 4 in particular discussed the impact of caring on their social lives. Those who put in longer hours each week were especially aware of the impact.

I had plans to maybe eventually have my own place and that would be my work, but all that's really set back now, because of the children ... so it has been a bit of a challenge ... to accept that I can't go forwards at this time....

(Sheila, Group 4)

... sometimes you could say oh no, I'm sorry, I can't manage this today ... And you might go ahead and do whatever it was that you'd planned, you can't enjoy yourself, because you think, I should have just cancelled this ...

(Pat, Group 4)

Despite the drawbacks, however, most of the participants seemed more than content to put their family responsibilities first. Several studies have suggested that once having made the choice to provide regular care, most grandparents asked say they are happy to do so and that it has a positive impact on their lives (Rutter and Evans, 2011). These grandparents were no exception, feeling that role was well worth the effort, in spite of the acknowledged drawbacks.

A: What are the negatives that you find then?

L: The travelling. The distance...

A: Do you regret making the commitment?

L: No... no, no, not at all. No, no.

A: But for you it's quite a big deal.

L: It is, yeah, but no, no, no. There're not really any negatives.

(Anna and Liz, Group 2)

You can't actually really plan something ahead ... all of a sudden something else will crop up .... (you) think at the end of the day that your needs are aren't really as important as looking after your grandchildren ...

(Pat, Group 4)

John and James summed up:

It's an amazing experience... I've been retired two years and I've never been busier, it's unbelievable. I find it difficult to make time, in fact I have to force myself to make time now to do the things that I want to do ...

(John, Group 5)

It takes up your time, but... it's not a penalty... it's not a penance at all! Having your time taken up by your grandchildren is a joy.

(James, Group 3)

### 5.3 Building and sustaining relationships

#### *Family relationships*

Considering grandparent care of infants and toddlers from the perspectives of parent, child and grandparent serves to illustrate what a complex web of relationships it involves, as grandparents take on the role of grandparent-carer at a point of generational transition in their own and their children's lives. Philipson (2013) noted that older people were managing a range of relationships and forming social ties that were important for their mental and physical well-being. He also observed that people could be seen adopting a range of practices in maintaining a network of both friendship and kin-based relationships as sources of support, with the balance between dependence and power determining the satisfaction they experienced in relationships. Izuhara (2010) saw family relationships as constructed through negotiated, interactive exchanges and interdependencies, as all family members across generations exercised agency in constructing them.

Active participation in the family was clearly seen by this group of grandparents to include sharing in the care of family members and making family decisions, with approaches built especially on nurturing loving family relationships, across generations. Those participants who lived with partners were protective of them and careful to acknowledge the benefits of sharing the care, with partners sometimes providing occasional support and at other times dividing tasks more equally between them. With regard to their partners, those participants who were married expressed appreciation and pleasure at the partnership they shared and in particular at the way their partners related to their grandchildren.

When *my daughter* goes back to work she'll be leaving about quarter-past seven, maybe, that'll be five days a week, and then she'll be coming back at, maybe about five o'clock or so, so what'll happen, my husband and I will split it, because he'll need to go, to make sure *my grandson* goes to school, and I'll look after the other two and get them breakfast...

(Irene, Group 4)

L: I don't want my husband to miss out... because, well my grandson's growing up...

A: Does your husband read stories?

L: He does, he tends to make them up more than read them. He's very good at improvisation.

(Anna and Liz, Group 2)

She comes back with her books, and her Granda reads her books... then, because he's quite big and especially if he's got a cashmere jumper on, she gets buried into him and they just sit there and he'll read books that I'll think, oh no, go and choose another one... No, no, Granda'll sit and read it, the Lion King, oh! and it goes on and on and on and on... but he is very very patient with her...

(Myra, Group 2)

### *Relationships with partners*

Although participants did not talk explicitly about their relationships with partners, these positive views suggested that taking on and developing the shared caring role may have benefited their personal relationships at a time in life when mature relationships may otherwise come under pressure (Leeson, 2018). These positive attitudes extended also to step-grandparents and former partners.

I love picking them up at school, communicating with them, there's just different things that I have that my wife doesn't have with them... she takes them during the day, I come home from work and that's when I take over, do my part...

(Robert, Group 5)

He'll go out for the day with them as well, and I love that aspect of it, because as a stepdad he's having a wonderful experience as Grandad, it's fantastic for him, he's much more relaxed than when he came in, with me and *my daughter*, and... he loves having *my granddaughter*, they've got a lovely relationship, and I wasn't quite sure if he was ready to be a Grandad, but he is, he's been fantastic...

(Mary, Group 1)

My partner, for instance, who isn't directly involved with them, so there's always that sort of feedback about what's going on, while it's going on... which isn't a direct influence on them... just coming up with ideas about things...

(John, Group 5)

For Claire and John, the care of their grandchildren had prompted them to set aside differences with former partners to undertake a degree of collaboration in their children's and grandchildren's interests as well as their own.

Papa, my ex-husband, he comes a Monday and Friday, he comes in between times, but he's going to come on a Monday and a Friday afternoon, and I'm going to go away, because he's been coming, and I've just been staying, but I'm going to start going away, to get a break.

(Claire, Group 1)

The one thing that I have reassured my daughter of, is that if there was any problem, I wouldn't let anything stand between me and contacting my ex-wife... for her help if it was needed. She... was a paediatric nurse. I wouldn't hesitate to contact her if she was the

only person that I had access to... there wouldn't be any question of personal differences coming between a situation...

(John, Group 5)

### *Relationships with grandchildren*

Clearly the prospect of close and developing relationships with grandchildren and promoting their wellbeing had been an important factor in participants' agreement to take on a regular caring commitment.

L: Well we agreed to look after our grandchild as a way of getting to know him...

A: Do you think it helped because you lived further away?... Would you find that a regular commitment like that was a way of making sure that you had a time with him?

L: Yes... Otherwise it might have just been Facebook, occasional pictures, I don't know.

(Liz & Anna, Group 2)

Then when she was probably about three months (she) ended up in hospital because she was sleeping too long, and they couldn't waken her, and I was sitting in the hospital, and... I thought I would look after that wee soul every day if it took that to make her well and better...

(Myra, Group 2)

Participants talked about the importance for their own feelings of their grandchildren's affection. They appreciated the very close and reciprocal nature of their relationships and the opportunity to nurture them through regular face-to-face contact, with benefits to both parties of mutual enjoyment, trust and affection.

I certainly don't know what I'd do without *my grandson*. I just love him to bits... they were away for three weeks... when they came home it was the early hours of the morning, but he was quite strange, as if he didn't [remember me]... and I was quite upset, I thought, he doesn't know me, but then he took my necklace and shoved it in my mouth for me to blow it out, and I thought, he does remember me!

(Claire, Group 1)

He gets really excited when he sees dogs... I had him in the carry-forward thing and I'm not seeing him smile but... everyone saying what a lovely smile, he's kind of obviously relating to the dogs... helping him kind of see things and be aware of bird calls... and that gives me pleasure... that he's actually enjoying that and getting something from it... it kind of just melts you when the kid's like that...

(Graham, Group 5)

When they were with their grandchildren, the grandparents felt able to give them their full attention, without feeling distracted by other priorities or obligations.

In fact I don't do anything other than care for her, play with her, talk to her. When I'm with her I give her 110% attention...

(Mary, Group 1)

You can just take as long as they want it to take, the things they are interested in, you can just go with it.

(James, Group 3)

For Myra, the adjustments required of regular carers compared to those who chose not to make the commitment were worth the effort because of the quality of the resulting grandparent-grandchild relationship.

I'm sure they do love their grandchildren, but they don't get the same relationship that I feel I have with mine...

(Myra, Group 2)

The report from the *Growing Up in Scotland* study 'The Impact of children's early activities on cognitive development' (Bromley, 2009) suggests that the important issue for children's development is the extent and range of activities they do, rather than any specific pursuits. They also stress that many of the activities included in their analysis have few or no monetary costs; 'parents should not feel that their child needs to participate in expensive hobbies or classes in order to benefit from the advantage that activities confer' (p.xi). Although these grandparents did a certain amount of forward thinking and practical planning of their activities on their days with their grandchildren, they showed considerable concern to focus on and respond to their grandchildren's needs and preferences when they spent time with them.

She wanted to do sticking so she does the sticking, then she wants to paint, so then she paints, and then, she was crayoning, so all these things go in quick succession, and then she might be in the house, and then she might be putting her jewellery on, quite the thing, it's very rapid, changes from one thing to another, and every so often we'll sit down quietly with a book, and then all the activity seems to start again.

(Mary, Group 1)

They love to hear the stories of old times... and how things were... and shopping vans and things like this, out in the country... milking cows, and collecting eggs... *my family* as well as *your family*... up at *your house*, and 'oh, let's go and see if the hens have laid any eggs!'. It's great excitement, you know, and just a little thing like that... they like having adventures, you know?

(Greg, Group 3)

Participants in all groups referred to establishing caring routines with their grandchildren that also accommodated their own preferences, doing things with them that would appeal to both, within the boundaries established by the parents.

M: I would say I do things I like to do as well - is that good or bad, I'm not sure?

A: No, I think we all have our... it could be a long day if you have them all day, and that's, I'm being honest here - and tiring...

(Myra and Anna, Group 2)

When I first started looking after them I used to sit in the house... and it was a lot of hassle to get them organised to go out and I tended to take an easy option... Now I now find it actually easier to take them out than have them in the house for a... long period of time because I think they get stir crazy, you know they need something to occupy them and the toys will do them for an hour and a half but get them get their coats on and get out...

(John, Group 5)

I said we may as well take them away for 2-3 days, get them out, knowing this house upside down, it's the same toys, and you can take them out to the park, it's the same routine, let's do something different with them (yes). And I had a great time on holiday with the kids, an absolutely fantastic time with them...

(Robert, Group 5)

When they talked about the time they spent with their grandchildren, the grandparents often used inclusive language, indicating the extent to which they enjoyed doing things together with, rather than to or for, their grandchildren.

We never pass a bridge without throwing sticks in and watch it come through the other side, we don't have much luck with it, we always seem to lose our sticks, I don't know where they go...

(Mary, Group 1)

Yesterday we were cutting things out, we were practising cutting out, and it was out of a magazine, we were making shapes, of we were making a walrus, and making a - we made a little house that we had to fold, and we were ages doing that and we then took them home at the end...

(Anna, Group 2)

Well if I'm going down ... we'll usually have something, like if it's wet we'll maybe paint, or bake, use playdough or whatever, if we're in the house...

(Liz, Group 2)

There was some suggestion that getting the grandchildren involved in a wide variety of more formal activities was the parent's responsibility. The grandparents were happy to go along with the arrangements up to a point but didn't necessarily always agree that they were in the child's best interests, often preferring to take a more relaxed approach and protect their dedicated one-to-one time with their grandchildren to play and do things together as the opportunity presented itself. They also showed considerable insight into their grandchildren's perspective, appreciating that their preferences might not always coincide with an adult's:

G: It's funny how the parents always want the grandchildren, their children, to do this and do that and do the next thing, and the poor kids, some of them, hardly have five minutes to themselves! (Yeah) because they're always doing something (yes, aye)... it's a sunny day, let's go out to the garden (exactly). There's a bucket and spade and some sand, and some water, they're as happy as Larry, for, you know, a good hour.

M: Give him a hose... (laughter)

(Greg and Mark, Group 3)

### *Relationships with children*

Although the relationship with their grandchildren was very important to them, interestingly participants talked rather more about their concern to nurture and develop the more complex and demanding relationships with their own children,



their grandchildren's parents, whose welfare and wellbeing were clear priorities. For these grandparents, making the commitment to care for their grandchildren especially seemed strongly related to their continuing and changing role as parents in their families, especially for the women. Hagestad (2006) argued that as parent-child relationships had become more intense, much of grandparenting could be seen as a form of continued parenting as grandparents sustained support to their adult children. Grandparenting has also been called a 'second chance' at parenting, another opportunity to enjoy developing a loving, emotionally intense relationship with children (Rotkirch & Buchanan, 2016). The adult child's first child would inevitably bring pressures and stresses to both the grandparent and the new family, demanding considerable adjustments on both sides (May, Mason and Clarke, 2012). Grandparents wanted their children to have independence in childrearing, not 'interfering'; but also want to provide support in line with 'good parenting' (Arber and Timonen, 2012). How each individual adapted would affect the experiences of the others, making both the quality of the grandparent's experience and their support for their children important for families and communities.

The views and practice of these participant grandparents were consistent with many of the issues raised above. They also seemed to recognize that these relationships were not static or permanent but changed and developed as the grandchildren also grew and changed. James summed up participants' attitude towards their own children quite neatly, recognising that they continued to be parents within the family setting, as well as taking on the role of grandparent.

Part of it is that... it is your daughter or your son that you're supporting as well and... your own children are a lifelong commitment, so... you do have a, not an obligation to them, but you do want to help them, so... it's just an extension of helping them a different way from you helped them for the rest of their life!

(James, Group 3)

What was striking about the participants as parents was their focus on their children's concerns and anxieties, the way they sought to see things from their perspective, and the respect and admiration they showed for the way their children were coping with the stresses and strains of contemporary family life, recognizing that things had changes from when they raised their own children. Mary and Myra explicitly expressed their appreciation of their daughters' approaches to parenthood,



perhaps at the same time unconsciously reassuring themselves that they had been reasonably effective parents themselves, in well-functioning families:

They're just gorgeous the three of them... the way they share everything... they love being this little family unit...

(Mary, Group 1)

I think they're much better parents, I think they're more patient, they're really understanding of their needs, I think it was both my *daughter-in-law* and my *daughter* said to me... the time they spend with their children is very very precious, well maybe it wasn't so precious for a stay-at-home Mum because she was with them all the time and sometimes she just wanted to get away from them.

(Myra, Group 2)

They were especially aware of the pressures on their children of being a working parent of small children and the inevitable constraints on leisure and social activities.

*My daughter* didn't need to work for financial reasons, but I think she missed a bit of that stimulation, so although she wasn't going out to work she was able to do her research in the house when I was about, or I would take my *granddaughter* to my house... it gave her a chance to still do something as well, which I think she needed.

(Anna, Group 2)

But quite often something might come up on the spur of the moment for them... If we can do that, we'll do that. I mean they're a young couple at the end of the day, they've got to get out...

(Robert, Group 5)

Grandmothers showed particular concern about their children's difficulties with getting sufficient sleep in the early stages, recognizing the effects of sleep deprivation on the wellbeing and confidence of new parents and willing to offer both practical and emotional support where they could.

Well I stayed overnight... you want to get up for your grandchild, I felt it for my *daughter*, because she was getting up to go to work... I feel so guilty... you're lying there, as a parent thinking, oh, poor wean, she's up and, up and down all night!

(Claire, Group 1)

I did stay over sometimes when *her husband* was away and we split the night between us, and I was getting up six times to her during the night for one half of the night so the sleep for her was quite difficult, but you know supporting her with that... trying to tell her it wouldn't last for ever when it seemed to be lasting for ever...

(Anna, Group 2)

Participants also referred to the importance of good communication across generations as a means of building mutual trust and respect within the family and of establishing reference points for establishing parents' confidence that the grandparents had the grandchild's best interests at heart. The continuing trust and

respect of their children was clearly important to them; their own respect for their children as parents was also reflected in their evident concern to fit in with the parents' views and wishes with regard to the grandchildren.

It's a two-way process, isn't it... it's not just you giving up all your social life to look after them, it's not about that...

(Anna, Group 2)

I spoke to *my son* about it and he said, 'Well, if I didn't think you could have done it, I wouldn't have asked you.'

(Liz, Group2)

You just like them to yourself, sometimes... It's good they trust us so much. I think I've said that before... I'm so privileged that they trust us to look after them...

(Myra, Group 2)

Consistent with the evident desire to build and consolidate extended family networks, those participants who were caring for their sons' children seemed particularly sensitive to the circumstances of their daughters-in-law. Pat, Marie and Graham all seemed to feel that the decision to care for their sons' children was in their own interests as well as in their in-laws', who acknowledged that their contribution was appreciated and valued.

The reason that I really agreed to look after my grandchildren is because, well my daughter-in-law is Spanish, and her family stay in Spain, so basically there wasn't a choice as to who was going to take care of the children when she returned to her work... I've always loved children, so, it wasn't as though I was taking on something that I never wanted to do...

(Pat, Group 4)

It's my daughter-in-law... I know she appreciates what I do because she hasn't got any, her mum around any longer, so actually I'm quite glad that I'm here.

(Marie, Group 4)

My daughter-in-law, she's very appreciative you know when we do on a Monday, and my son too. He goes off to the... They say, well this has been really helpful, it's great... they can go to the gym, or they can do x, y and z... but I think it's the kind of value that we get...

(Graham, Group 5)

### *Grandparent-care as a distinctive practice*

Participants also reflected on the differences between the roles of parent and grandparent, showing some perception about the distinction from both their own and the parents' perspective. All of the groups spoke about the way that they sought a balance between their own views and practices and those of their children, acknowledging the complicated business of showing respect for the approaches their children adopted and giving them their place to determine their own

approaches to childcare, while at the same time offering advice where they felt it was appropriate. They referred to being able to use their own experience of raising children to bring reassurance and sympathetic advice to the parents about their children's development and what to expect as the children grew and changed. Anna discussed with her group the challenges of reconciling the impetus to offer advice with the advisability of 'not interfering':

I try and be quite careful. Sometimes there's areas where you think talking about something and you say 'try this' and 'try that' but then if they don't pick up too much on it then you step back and leave them to it. But it's hard when you see them going through a difficult phase that you think they could maybe try this way or that way but you don't necessarily want to interfere.

(Anna, Group 2)

Irene spoke in her group about the need for consistency of approach across carers. She captured the advantages of family-based care where the previous experience of grandparents and parents meant that they knew each other well and were likely to adopt similar approaches without having to undertake explicit negotiations.

On the whole my daughters, both of them, we are on the same page, for looking after the children and disciplining and what's right and what's wrong, so it's not as if they come in and say, 'oh yes, go and do that'... and I'm saying 'no no no, this is not what you do'... So I think it makes it easier that way... It's a case of, she does the same as me, so therefore it's keeping constant, so they know where they are. It's not like one day they're, yes you can do it, and the next day you're 'no' and you're back and forwards. So there's continuity there for them.

(Irene, Group 4)

In his group James acknowledged that young parents have access to much more information from health professionals and on-line than was available to his generation, but in some respects that was not the point. He saw his role more as a sympathetic sounding board for his daughter, where professional advice would need to be interpreted and personalised.

*My daughter* quite liked to say... 'Well, what do you think?... And you would offer an opinion, but it's not an informed opinion. There is so much access to information that they have, that actually... your grandparently wisdom doesn't really add much to it! 'Ach, it'll be ok'. I think that's actually an important role that we play. The parent can sound off to you or discuss with you and it kind of helps them.

(James, Group 3)

### *Reciprocity*

The investment of the participants in relationships with their children, grandchildren and extended families in most cases benefited the grandparents themselves, in that

the care was to some extent reciprocal. Coall et al. (2018) cite Laferrère & Wolff (2006) who find that some economic models have suggested that grandparents' contributions of time and resources to (grand)children might be partly in anticipation of future need and the hope that younger generations will be altruistic toward their parents or grandparents in return. In this respect one could speculate that the grandparents were unconsciously seeking to ensure that their children (or even grandchildren) might want to offer them care in their turn later in their lives. This was not evident in all cases: for Irene, who looked after her grandchildren for longer hours than most of the participants, the care was more one-way and she seemed somewhat taken for granted by her children, confirming that caring for long hours might affect a carer's wellbeing (see Ch.2.3).

I just feel sometimes it's just to go and do something... and they'll say, oh, I've got to get childcare, and... some days you think, I look after them all the rest of the time... it's not a big deal... but they're... saying, oh, this is going to affect us for holidays now, to take time off our work.

(Irene, Group 4)

Mary and Claire, however, talked about the way their daughters looked out for them, including them in family activities, confirming that their personal investment in family life was to their own benefit as well as that of their children and grandchildren.

We go for meals there, it's mostly meals, but it's not one way ... we go to them as much as they come to us. They cook for us, they entertain us, they - you can turn up on the doorstep, as can they to us...

(Mary, Group 1)

Well *my daughter* ... at weekends, she'll actually text, 'What are you up to?' and I'm, 'This is your time'. 'No, Granny, the door is open, come down at any time.'

(Claire, Group 1)

Mary, however, thoughtfully concluded that perhaps what she referred to as 'the core experience' of grandparent-caring was similar for everyone, regardless of social status or location:

Everybody's experience is so much the same, albeit different... basically it's all the same... maybe the core experience isn't that much affected by status, income, where you live, what colour you are...

(Mary, Feedback)

## 5.4 Key findings and discussion: win, win, win?

### *Key findings*

- These grandparents had been proactive in making the arrangements to care for their grandchildren. Although they recognised that their informal grandparent-care had the advantage of contributing to the cost and flexibility of childcare, their main impetus for taking on a caring role seemed more about building and nurturing families with their time, companionship and emotional support.

Across the groups, participants had been proactive in making the arrangements to take on regular caring responsibilities, emphasizing the importance of their own personal feelings and circumstances in making the decision. Their main motivation seemed to be a clear desire to be part of their family group as active and valued family members. They expressed a significant desire to support their children's families, being especially aware of the social and economic demands of work and the possible impact of such pressures on their grandchildren's and family's wellbeing. It was important to the participants that the commitment was part-time and/or shared, in order to protect their own health and social wellbeing; they recognised that it was a time-limited commitment. Even so, regular caring required considerable adjustment to their lives and flexibility of hours to meet their families' needs on the days they did care, somewhat limiting their freedom to plan their personal, social and leisure time. Most of the participants seemed to feel the adjustments were well worth the effort and were happy to put their family responsibilities first, apparently benefiting from the feeling that they were making a distinctive and valuable contribution to their children's and grandchildren's lives, although those who cared for longer hours and/or most days felt less positive.

- These grandparents thought that their practice was different from parent care. They felt they had reached a point when they felt 'ready' to take on this particular caring role, making a distinctive and valuable contribution to their children's and grandchildren's lives.
- It was important to these grandparents that the role they had taken on was part-time and/or shared. The physical aspects of their role were demanding, particularly for those committed to more time each week. They felt responsible to

be adaptable and fulfil their commitments, even if it proved disruptive to their personal and social lives.

Several participants attributed their pleasure in the role partly to the changes in perceptions, values and priorities that came with age, making them less stressed and more able to enjoy the benefit of having more time to spend one-to-one with their grandchild, although they did also report experiencing exaggerated feelings of anxiety for a child not their own. They expressed pleasure at sharing the care with partners and at the way their partners related to their grandchildren, apparently benefiting the relationship at a time of transition and change in their lives.

- Active participation in the family care and decision-making focused especially on nurturing relationships across generations. Making the commitment to care for their grandchildren seemed especially strongly related to their continuing and changing role as parents and to nurturing and developing the complex and demanding relationships with their own children and children-in-law.

Taking on and developing a shared caring role had affected these grandparents' personal relationships. As well as making the role manageable, it also seemed to have the benefit of extending their family circles and establishing new peer relationships. As one would expect, the experience of close and developing relationships with their grandchildren was of crucial importance, bringing benefits of mutual enjoyment, trust and affection. The grandparents organized activities with them that would involve doing things together, sharing and interacting in ways that suited both.

Their relationship with own children seemed to be a clear priority for these grandparents as they continued to fulfil a changing and developing role as parents within the family setting. They focused especially on their children's welfare and wellbeing, aware of the pressures of being a new parent and willing to offer both practical and emotional support in the interests of both parents and children. They worked hard to nurture the relationship, recognizing that things had changes from when they raised their own families and seeing the importance of good communication as a means of building mutual trust and respect. They were careful to show respect for the approaches their children adopted as parents and to give them their place, recognising and valuing consistency of approach for their grandchildren, setting clear agreed boundaries and respecting the parents' 'rules'

and routines. They seemed to see their role rather as bringing reassurance and sympathetic advice about what to expect as the children grew and changed and complementing and adapting professional advice rather than contradicting it, recognising that their shared history shaped expectations and understanding on both sides. They also seemed especially aware that they needed to take particular care to establish respectful relationships with their children-in-law, recognizing that their interventions could impact on their children's partnerships and family life.

- Grandparent-caring for these grandparents, at a time of transition and change in their lives, seemed to be in the best interests of the wellbeing of all the participating members of the family, not least themselves, in that the care was to some extent reciprocal. Overall there seemed to be likely benefits from 'intergenerational solidarity' to themselves, to their children and to their grandchildren.

Reflecting on the experiences of these few active grandparents, it is clear that the experience for most of them was overwhelmingly positive. There seems little doubt that their practice went well beyond the practical business of caring for a grandchild, involving rather the nurture and growth of an extended family; the benefits of their investment in relationships with their children, grandchildren and extended families seemed to be in the best interests of all involved, including themselves as well as younger family members.

Keating et al. (2015) found evidence to support the position that change and growth can support diversity and continuity of support in families, particularly amongst parents and adult children. Bengtson and Roberts (1991) had proposed a theoretical framework of 'intergenerational solidarity' in families, composed of six elements: structural (geographical), associational (contact frequency), affectional (sentiment towards family), functional (reciprocal practical support), consensual (agreeing attitudes, approaches) and normative (valuing cohesion). Regular childcare as described by the family members in this study would seem to find them actively building and supporting such solidarity. The geographical and contact frequency elements were established, given that they were committed to caring on a regular basis. The practical support was mainly from grandparents to children and grandchildren, but there were elements of reciprocity as well. The grandparents

worked hard to agree attitudes and to ensure cohesion across generations and above all nurtured and valued affectionate relationships.

#### *Benefits to grandchildren*

From the grandchild's perspective, the potential benefits of the informal care provided by these grandparents seem well-established. Exclusive parental care is not thought critical: babies can bond with a number of significant people such as grandparents, siblings and carers (Roberts, 2010). Securely attached infants are thought to feel comfortable exploring their environment because they can rely on their carers as a 'safe base' (Schneider, Keesler and Morlock, 2010). Adult carers can also provide models of and reinforcement for problem solving, motivation, and other coping skills (Boyden and Mann, 2005); good quality non-maternal caregiving is predictive of cognitive wellbeing and better orientation and engagement (Bradshaw and Wasoff, 2009; Silva et al., 2011). The grandparent may be the first non-parent carer and represent a moment of transition from exclusively parental care; closeness to grandparents, especially maternal grandparents, is associated with better grandchild adjustment (Statham, 2011). In the context of their family lives, family expectations are thought to represent a key mechanism which influences children's learning throughout life, developing their perceived self-efficacy and abilities. In the slightly longer term, friendships with their grandparent-carers are thought likely to provide both children and adults with opportunities to be themselves and to feel good about who they are, processes that help to build resilience as they come to value themselves and others (Boyden and Mann, 2005; Gerhardt, 2015). Children who experience strong, positive relationships in their family and community are thought most likely to thrive, making contributions to the family's cultural learning (Trevarthen & Delafield Butt, 2014).

#### *Benefits to parents*

For the parents, the main focus of these grandparents' concern, the arrival of a first child, however planned and wanted, brings many unanticipated stresses and strains on their lives and relationships. Assave, Arpino, and Goisis (2012) showed that, in several European countries, grandparental childcare played an important role in helping mothers balance work and family duties. Leach (2009) emphasized that the quality of the parents' experience of childrearing affected both them and their child.



Strong social networks were not only important to parents for securing help but also for fostering a sense of positive wellbeing. Advice about the causes of perinatal and postnatal depression often includes the observation that becoming a parent is likely to change the nature of family and social relationships, as well as feelings of self-worth and confidence. Difficulties in adjusting to changes in relationships, lack of support, feelings of isolation or inability to live up to perceived expectations of the perfect parent, or feelings relating to past experiences such as the absence or death of a parent, are all thought to be possible contributory factors (see, for example, Martindale's advice on the Babycentre website<sup>20</sup>).

These findings all suggest the importance of social support for the parent's wellbeing. Care of the child by a grandparent, whose concern is for the wellbeing of their own child as parent, can help to compensate for the parent's difficulties (Trevvarthen & Delafield Butt, 2014), boosting their confidence, reducing their anxiety and making it easier for them to encourage the child to trust and love someone else as well as themselves. Further, when the relationship between parents and carers is good, the quality of the child's interaction with both parent and carer is thought to improve (Leach, 2009). In this respect good relationships between parents and adult children can prepare the way for reciprocal relationships between grandparents and grandchildren (Arber and Timonen, 2012).

### *Benefits to grandparents*

Finally, from the grandparents' own perspective, grandparent-care can be seen as both a downward and an upward transfer: on the one side, grandparents invest time and resources in their grandchildren, whereas on the other side, grandchildren are an important (emotional) resource for grandparents (Silverstein, Giarrusso, & Bengtson, 2003). The likely benefits of being in the kind of caring role they describe to their health and wellbeing are increasingly well-documented. Glaser et al. (2010) in their report for Grandparents Plus, *Grandparenting in Europe*, found that for the 50% of grandparents involved in childcare, providing non-intensive childcare had a positive effect on their health, even after their previous health and socio-economic status were taken into account. Conversely, grandparents who did not provide grandchild care were more likely to report poor health. Closer to home, in Scotland

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<sup>20</sup> <https://www.babycentre.co.uk/a557236/postnatal-depression-pnd>

Sani et al. (2015) found that closely identifying with multiple groups including family and community groups may help to protect individuals against depression.

In their metastudy of enquiries into the nature of 'successful cognitive and emotional ageing', Depp & Jeste (2010) defined successful ageing as adaptation through changes in behaviour to inevitable physical decline, with these changes starting from motivation to change one's lifestyle and adopt positive health behaviours. 'Mature coping styles' entailed suppression of negative feelings through focus elsewhere, contributing to stability and resilience; anticipation of the consequences of doing things and modest planning for the future; sublimation of stress, expressing conflict through doing something creative; humour, which correlates with overall general mental health; and altruism. All of these factors are reflected in these grandparents' accounts of their experience of caring in their family settings.

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This chapter has considered grandparents' family experiences. The following chapter goes on to consider how they perceived their roles in their local and wider communities.

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## **Chapter 6**

### **Grandparent care in the community**

Chapter 5 explored the personal experiences of participant grandparent carers within their family groups. This chapter looks outward to consider their role, status and support in relation to their local and wider community. The five groups in the study had been recruited partly for their geographical locations: the north-eastern residential and commuter suburbs of Glasgow; the residential suburbs and rural hinterland round Dundee; a residential community south-west of Edinburgh; and urban communities around Edinburgh city centre. If there were going to be differences between the groups, then these might partly be found in the way that the various different communities recognized, accommodated and supported regular grandparent carers.

#### **6.1 The community's view of grandparents**

##### *The social setting*

With respect to the context for grandparent-care, European and UK studies have found country and regional differences which should be taken into account in any enquiry into its characteristics (Ch.2.1). Arnott & Menter (2007) argued that a country's culture would influence the models of accountability it adopted in distinctive ways, so that some local practice communities were likely to be more aligned with the wider social setting than others. At a more local level, in Morgan's (2011) view, inquiry into caring certainly required attention to families and households but also needed to consider wider set of networks and institutions within which domestic life operated. Relationships would shape and be shaped by both personal experience and the wider community's rules of engagement, affecting issues such as identity and difference, power and status (Cameron, 2001). May, Mason and Clarke (2012) similarly argued that expectations of practice were negotiated in the context of socially prescribed norms about how things ought to be done. For Wenger (2010), for practice communities like the participant grandparents' families and peer groups, external social, cultural and political influences such as public health and educational institutions, projected power across the landscape and would help shape their learning environment and practice but were not amenable to their control.

For the families in the present study, it was also evident that public ideas and social rules about childcare and families were increasingly influenced by the media, on-line communities and social networking, challenging more conventional sources of influence and information. Morgan went on to argue that it would be important to consider which factors from the wider, uncontrollable external environment broadly influenced, motivated and supported grandparents' experience and development of a shared understanding of 'competence' in their role as carers in the family setting, allowing them to see themselves from other perspectives, reflect on their own situation and understand how they belong, thus enhancing their wellbeing (Wenger, 2010).

A number of studies have discussed the fact that, while most grandparents said they enjoyed looking after their grandchildren and helping their own children, some grandparents felt it was more of a sacrifice of their own social life or employment and expressed tensions around how their expectations differed from their children's (Bryson et al., 2012). Arber and Timonen (2012) suggested that caring for grandchildren might not necessarily be compatible with current ideals of active and successful ageing and personal independence. Dench and Ogg (2002) reported that 37% of those answering the grandparenting component of the 1998 British Social Attitude Survey agreed that they 'Would like life free from family' (p.20). This was more than in other countries, suggesting a cultural dimension to taking on grandparental care (Ch.2.1). Higgs & Gilleard (2015) proposed that for a new generation of pensioners, rising standards of living and increasing individualization, had provided increasing opportunities for choice, autonomy and self-expression. However, although grandparenting might seem incompatible with a retirement of active leisure pursuits, the evidence suggested that active lifestyles and civic and cultural engagement in later life were connected (Matthews et al., 2014), providing opportunities for continuing generativity towards both family and society.

The two Dundee-based groups of couples in the present study in particular talked about the extent of grandparent-care amongst their local peers and how willingness to make the necessary commitment varied, depending on personal views and circumstances. Greg and Myra, a couple but speaking independently, commented:

If you're a person that's involved in a lot of things, then it would impinge on your lifestyle, or your social life... whatever you're actually doing...

(Greg, Group 3)

We have other friends who have said to their children, 'We are not looking after the grandchildren on a regular basis. If you're stuck and they're ill, we'll look after them, but only if you're stuck. We have our lives'... I just think well, that's the way they want it...  
(Myra, Group 2)

With regard to the wider social environment in which they operated, across the groups grandparents recognized that society had changed from the perspective of both their children's generation and older people, particularly in respect of young mothers feeling under pressure to return to work at an early stage in their children's lives.

I think it's a part of the culture here too, that in our day the husband went out to work, the wife stayed at home and looked after the children. Now, to keep things together, they've both got to go out, youngsters, young married couples, have to go out to work, both of them, to make ends meet...

(Ellen, Group 1)

James, Greg and Mark considered that the different attitudes and expectations of their generation of grandparents compared to that of their parents' might be due in part to better health and greater longevity, as well as economics, reflecting the findings of a number of studies (Ch.2.1).

J:... it's almost an expectation. Or it's not so much an expectation on you as an individual, but it's kind of the norm now.

G: It's the way society has developed... and the way economically it has to be as well...

M: There are more grandparents...

(James, Greg and Mark, Group 3)

Irene attributed the increase in care by grandparents to their being more available or independent:

I think things have changed... more grandparents are actually looking after children, or grandchildren, more than what our parents did, because they didn't do that... whereas nowadays I think more grandparents are living on their own, whether it's for one day a week or five days a week... I think they're more involved, or more relied on by parents nowadays.

(Irene, Group 4)

Grandparents in the North-East Glasgow and Dundee areas agreed that their communities were supportive of grandparent-carers, although they were respectful of grandparents who did not choose to take on the role. Ellen's and Mary's comments supported the view that there might be differences amongst communities in respect of care, suggesting that in their area of Scotland grandparent-care was widespread and the local community was particularly accommodating of grandparent-carers, including both grandmothers and grandfathers.

I think in this area especially, there's so many of us grandparents, looking after the kids, that we are just accepted... you see the granddads trotting up with the prams, there's an awful lot of grandparents doing the caring.

(Ellen, Group 1)

I think that grandparent carers are well-supported emotionally in this area of Scotland... I find that up here, people celebrate the fact that you care for your grandchildren, whereas in England you're more likely to be questioned about it in the sense of, 'What about your own life?' and 'Don't you find it boring?'

(Mary, Group 1)

From the Dundee groups also, it seemed that taking on the role of grandparent-carer was the rule rather than the exception amongst their peers, although it was not necessarily felt to be an expectation.

Really, of the people that I know that are grandparents I think all of them - I can't think of anybody that's grandparents that don't do that. But I don't think there's an expectation that you do it. But you know I would say ... I'd have been the odd-one-out.

(Anna, Group 2)

It's an accepted part of society nowadays, that grandparents will look after grandchildren.

(Greg, Group 3)

Anna further felt that she had actually been influenced in her decision to take on the role by the experience of others amongst her acquaintances, so that the local culture was in a way influential in prompting the commitment for each successive generation of grandparents.

I think it'll be your own experiences, because you'll have friends that have looked after grandchildren. I think you've heard them enthusing about it, as we do to our friends, so I think I probably got an idea, and maybe how your grandparents were, do you want to be different, do you want to be more hands on, I don't know...

(Anna, Group 2)

Anna also explained that she and those of her friends and colleagues who did care for grandchildren felt a sense of community but were careful not to talk too much about their grandchildren with those who did not, respecting their situation, acknowledging that in her experience grandparents tended to be enthusiastic about talking about their grandchildren.

It's lovely when there is other grandparents, because sometimes you think people that are not grandparents, you try and restrict how much you talk about them, you say a little bit if they ask, you try to be very good, but with everybody else that's a grandparent you can be quite gushing, because you know what they're like...

(Anna, Group 2)

*The role of grandfathers*

Amongst these participants, the majority were maternal grandparents and there seemed to be an assumption across the groups that it was they (especially the grandmothers) who would be most closely involved (Ch.2.1). This is not to say, however, that the participant grandfathers had little to contribute, or did not enjoy or take their roles seriously or benefit from the experience: their contributions showed that they often shared similar ideas and opinions and experienced the same pleasure and satisfaction as the grandmothers. Rotkirch and Buchanan (2016) in a global study found that contemporary grandfathers were more connected with their grandchildren than might be assumed, more caring and involved than in previous generations; in the UK, Rutter and Evans (2011) also found that grandfathers were playing a greater role in caring for their grandchildren and suggested that this was a reflection of changing gender roles in UK society. Although their involvement was thought likely to be mediated through their spouses' involvement (Hank and Buber, 2008), part of the explanation might also lie in their observations and comparisons with their fathers, sons and sons-in-law, these latter having greater expectations on them to play an active role in parenting and family life in general (Scottish Government, 2012b). James felt that his generation of men were more attuned to domestic and caring routines:

They're more able... like us, here, you're retired earlier, and you're still actually able to cope with kids. And probably have more skills, domestic skills, than our fathers did when we were children.

(James, Group 3)

While some studies have found that women tend to take a more leading role in couples in tending to kinship ties (Jamieson, Warner and Bradshaw, 2012) so that grandfathers' approach to childcare is likely to be mediated through their partners' involvement (Hank and Buber, 2008), the grandfathers in in Group 5 showed a degree of independent judgment. Graham and Robert suggested that they might be more tactful and circumspect in offering advice than their wives, possibly because they were less secure in their role than their wives, who were occasionally tempted to overstep the mark in asserting their views.

I think you've got to give them their place. With my wife, I think... well-meaning, but like she's kind of rushing in there, and I say you've always got to ask permission... 'is that ok?'... I think it's not because she's not caring and wanting to help... it's treading on toes... you know that kind of thing can happen.

(Graham, Group 5)



I think my wife's made a couple of slight mistakes, in the past, her son's told her - I mean it's been nothing drastic, but... it's upset a parent, I've seen it a couple of times, 'you may have to see the parents about that first. You can't just dive right in there and do your own thing'.

(Robert, Group 5)

The two groups of grandfathers both talked about the community's views of their caring for their grandchildren, in a way that the grandmothers did much less. They clearly felt that acceptance of their role, if indeed it was accepted, was a relatively recent phenomenon, different from when they were young parents themselves. John and Robert described how their peers had reacted to their role as carers, in John's case as sole carer for a day a week. Their responses to the traditional attitudes of their peers seemed both confident and robust:

I was astonished, when I take the three kids out and meet somebody that I work beside or ... on the street, 'Do you look after them yourself? All day?' 'Yeah! Their mother does that as well!!! All day, every day. They're just wee humans ...

(John, Group 5)

I often get asked by my friends, who are not grandparents yet, 'How often do you look after them? How do you get on with them? Is it hard work?' 'Well, of course it's hard work! I mean they're children. It's constant care all the time ... you just get on with it'.

(Robert, Group 5)

James and Graham both further recognized that views about the role of men in childcare were socially and culturally shaped by each generation:

I don't think the community has any kind of view about me. I think it's much more socially acceptable for grandfathers in particular to be involved now... Certainly when I was young, grandfathers didn't really particularly engage.

(James, Group 3)

I think it's a cultural thing, I think it's a class thing too... ideas about what's appropriate... people think, you know, that it's not a man's role.

(Graham, Group 5)

John, Robert and Graham also exchanged experiences about what they were called by their grandchildren, indicating that they felt the name mattered socially to them as a reflection of the way they played out their role, in a way that the grandmothers apparently took for granted:

... my wife kept saying it would be nicer to call you Grandad, but right away I said I wasn't going to interfere, I said 'that's got to come from the parents, it's nothing to do with me'. And lo and behold, that day the text message came through, 'it looks like the older one's calling you Grandpa Rob' so I was absolutely delighted with that.

(Robert, Group 5)

... the younger ones call me Grandpa. My daughter wanted me to be called Papa, but... I said to her that she should be careful about the kids being ridiculed at school when they're older, calling somebody Papa, you know it's a bit affected, in modern terms...

(John, Group 5)

I kind of started off with being... wanting to be called 'Grumps'... because... I would be that other side of the thing... soft man, hard man, sort of thing, I'd be the one where actually, I'd be saying 'no', or... putting the lid on, but I think I'm probably turning the other way up, I'd melt and kind of just give in... I felt that it might be because my wife is kind of on that soft side, I would have to balance that out... that will develop, I'm sure.

(Graham, Group 5)

Things were a bit different for Greg, who felt that some of his peers locally were less than supportive, suggesting that caring limited his freedom to do as he pleased in his retirement. This may have been as much because of his gender as because of the location, but his view chimed with the earlier discussion in the Dundee groups about grandparents' willingness to take on the role of carer (Sect.5.1 above). His remarks suggested that he felt his critics, not himself, were out of step with the times.

... some people look of it as being, oh, haven't you done well looking after your grandchild... giving that commitment... In other words... you're daft! Because you're wasting your own time... But you know it's an accepted part of society nowadays, that grandparents will look after grandchildren.

(Greg, Group 3)

## 6.2 Grandparents' views about childcare in the community

Almost all of the 18 grandparents involved in the study cared for their grandchildren on a part-time basis, sharing the care with the parents and other members of the extended family but also with playgroups and nurseries, the 'Grandparents Plus' model of childcare (Jamieson, Warner and Bradshaw, 2012). Their views about nursery care varied, but aside from the cost of childcare, it was generally felt that the children were most satisfactorily cared-for in a blend of family and nursery settings.

A: ... Were they slightly more concerned that he was going to be in nursery five days?

L: Yes, I know that they didn't want to do that, no.

(Anna & Liz, Group 2)

They start when they're three, anyway, getting these 15 hours of nursery, so in a way that ties in quite nicely, to have them within the family setting, if possible, till they're three and then... they get these hours anyway.

(Mary, Group 1)

Myra and Mark in the Dundee groups elaborated on the advantages to their grandchildren of a blend of care arrangements:

I usually take her to playgroup and then pick her up at half past eleven, give her something to eat, and then she goes to nursery on Thursday afternoon... And then *my daughter's* off on Friday with her... so she goes to nursery Monday, Tuesday, so I think she's got a she's got a good balance of everybody and everything, you know.

(Myra, Group 2)

*My son and daughter-in-law both work, so I mean my grandson goes to nursery Monday, Tuesday Wednesday, and then my daughter-in-law's there on a Friday and we're there on the Thursday... I mean he gets a good experience at his nursery as well, so it's perfect.*

(Mark, Group 3)

Some of the grandmothers also recognised benefits from nursery that were complementary to the care they provided themselves. Myra, Lillian and Anna, all interested in language development as former teacher and school librarians, commented specifically:

M: I think it's wonderful that they know the pronouns. My grandson was saying to me, 'you', and he knows 'I' and 'we', and he's only two! Don't you find that surprising? And I think that's nursery, I do think that's nursery...

L: Well I noticed my grandson started saying, 'Mine!' (Yes) (Yeah, that's nursery) and I think that was nursery (Nursery, yes, mmhm). He was moved up a room, so he was in with the three-year-olds, now he is only just two, and I think that other children say 'that's mine', and so I mean he's copying, 'mine'.

(Liz, Myra and Anna, Group 2)

Anna and Irene felt that attending nursery or playgroup could increase children's confidence in new and unfamiliar contexts:

Going into new situations, she doesn't go to nursery, you see, and holding my hand and just not sure, so there's still elements of new situations that she's not sure about... one does try to... take her to things where she is left on her own for spells to give her that wee bit of independence.

(Anna, Group 2)

Coming here, he ... got socialising, and to talk, and learning to share, and play with other children. It made it so much easier for him when he went to nursery school ... he'd had that interaction with other children, he wasn't strange, he went straight in, which I think benefited him.

(Irene, Group 4)

For those who attended local playgroups and other organised activities for babies and toddlers, where grandparent and grandchild generally attended together, views from both their own and their grandchild's perspective were more mixed. The Dundee grandfathers appreciated the 'respite' function of a playgroup:

M: If you were looking after the kids for three or four days a week... then you would be looking for some help... there's a... mother and toddler's group in the *local village* hall, where you can have a few grandparents take their grandchildren... so I suppose that's... an hour...

J: Yes, that's an hour's respite, that's where you're doing just what a parent would do.

(Mark and James, Group 3)

Mary and Myra had both at times felt that the playgroups they attended were less than inclusive or enjoyable for them as grandparents, being organised around parents of their own children's age.

Ellen and I both attend a really nice playgroup (but) it's potluck whether there are other grandparents there... We all go to the same one and the young women are great and they

chat to you and everything, but... they are the age of your children, and they must think 'what does she really know about today?'

(Mary, Group 1)

I do think there are opportunities to go to toddler groups, or music, but that's more the parents suggesting that you do that, (yes) and so you do that willingly... well now I'm taking *my granddaughter* to playgroup and I did a few playgroup duties which I don't really mind, then one day I rebelled and I said, 'Do you know what, I'm not doing any more playgroup duties'. I said, 'I'll do it if I have to', but... I wouldn't choose to do that...

(Myra, Group 2)

From a slightly different perspective, Pat, James and Greg referred to the increased anxiety in society about children's safety, compared with the time when they raised their own children. The implication was that grandparents as trusted carers might be preferable to the relatively unknown people in community settings, in nurseries and playgroups. A shared view seemed to be that in some respects childrearing and childcare were more straightforward for previous generations of parents, when attitudes to risk and danger were more relaxed and people in communities trusted each other more.

I would think the main thing now is you have to be so protective towards your grandchildren now... I mean when my sons were young it was quite safe for them to play outside and you weren't having constantly to check to see where they were... you used to just leave them, and you never ever really gave it a thought that somebody would maybe come along and take away the pram... take away your child.

(Pat, Group 4)

J: I guess there's issues of, you're exposing kids to potential child abuse, and all that sort of stuff, if that's what the question's aimed at... <sup>21</sup>

G: I wouldn't think so. Because that sort of problem's been about for a long time.

J: I think we are much more aware of (it)...

G: ...the protection that your grandparents will give and I think even in the likes of the local community...

(James and Greg, Group 3)

John's concern, shared by the other grandfathers in the group, was that the staff of day nurseries were young and lacked the experience of raising their own children that grandparents enjoyed, affecting the children's learning and making the cost perhaps less than full value-for-money.

There's a nursery just round the corner from us... they have the kids out during the day, in a long crocodile... holding on to the nurses, they're 15-16 year old lassies that are looking after them... The lassies are great, but... they're not parents themselves... and you're paying £500 pounds a week or whatever it is... they're not in control of them all the time, they are in control of them some of the time... it's sort of inappropriate, I think.

(John, Group 5)

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<sup>21</sup> The question was 'If you have any questions or concerns about the wellbeing or development of your grandchild, where (if anywhere) do you go for help or advice?'

### 6.3 Practical community support for grandparent-carers

There was some discussion in the Dundee grandmothers' group about what 'support' for grandparent-carers like themselves might entail. Fully acknowledging their relatively privileged circumstances, Myra and Anna interpreted support as both help with the issues around caring for babies and children, such as health visitors and midwives might provide, and the local provision of activities and resources for all parents and carers, often paid for. With regard to advice about caring and child development, Myra's view was typical, being resistant to the idea that she might need help with childcare, doubtful about the value of professional help and preferring to rely on her own experience.

For myself I wouldn't want something geared up for grandparents. I don't think I would want anything special and I think probably because we've all had quite good experiences as parents... I don't think we probably need any additional support on how to be grandparents, because it's an extension of what you did as parents...

(Myra, Group 2)

She nevertheless recognised that not all grandparents would have such positive experiences to build on, and suggested that a helpline might serve a useful purpose:

If you had problems I suppose, and you couldn't speak to your own children about them, maybe it would be good to have a helpline? Like you know, there's a 'silver' helpline, like a Childline except it's for older people...

(Myra, Group 2)

Anna pointed out that if she felt she needed advice, she could access it through the networks available to her daughter:

There are also support networks open to parents, available to you as well, there's the health visitor, if as you were saying, behaving erratically... I would speak to the health visitor.

(Anna, Group 2)

Grandparents in the other groups focused on the practical activities available locally that they could opt-in to. Following on from the discussion above, Anna was content to access the facilities and activities available to parents and carers with the children they looked after in the area, rather than expecting something intended especially for grandparents.

Just having access to different experiences that you can give them, which is what the parents are doing as well, it's not as though I'm doing anything the parents are not but it's just – that's really all that I would like...

(Anna, Group 2)

Grandfathers' comments suggested that communities were more accommodating of young children than had been the case when they were parents themselves. The Dundee grandfathers appreciated that there were many (mostly paid-for) groups operating locally in the areas where they did their caring, accommodating to grandparents and providing a variety of activities for their grandchildren and a break for themselves.

M: There's lots of wee organisations now, like *your granddaughter* goes to the ballet and things like that, and *my son* goes to Monkey Music, and swimming, there's the likes of Rugby Tots. There's more of these... organisations being set up to give a bit more help, I suppose...

J: But then somebody has to take them there and somebody has to bring them back

M: Aye, but that's quite good...

J: Yes, it is, it certainly breaks up the day. (Mark and James, Group 3)

The Edinburgh grandfathers also referred to the many facilities provided locally, some free of charge, in their case the most important characteristic being their child-friendliness. As a new grandparent, Graham in particular was impressed by the variety:

... One of the things that we're noticing is... the local library is... set up on, I think it's a Tuesday, but also we were in another part of town, and the library there is set out, there's books, a play area I think, so it's encouraging... some of the churches are set up with mother and toddler groups... and there's just cafés that are... child friendly and tolerant... they don't mind sort of bits and pieces lying on the floor. The museum is another gem of a place... they've got a... kitted out area for a range of kids of different ages, they've got a sort of play area, they've got a wee reading quiet bit, and they've got all sorts of things...

(Graham, Group 5)

Buchanan & Rotkirch (2018) pointed out that hardly any grandparent-carers receive payment from their children to cover the cost of care; they are also on average contributing over £400 each year to grandchildren's activities, an annual total of about £3.8bn. Amongst these participants, it was clear that some were better placed than others to provide financial support for their grandchildren's activities. Mary and Claire pointed out that as grandparents they routinely bore some of the costs of attending activities, whether they were expected to by their children or not. Myra was aware that not all grandparents would be in a position to bear such costs.

Mine don't expect [me to pay for things], I just don't tell them about the Toddlers... If you're running out of nappies or food or something... If you need it, you just get it...

(Claire, Group 1)

I know that in our circumstances we do it for no payment, but we do actually pay out because we pay, don't we, for playgroups, and one or the other of us might pay for the whole swimming session...

(Mary, Group 1)

I do know grandparents who are paid by their children, because they are not as financially secure as we are. And so they come to an agreement that they will be paid to an extent...  
(Myra, Group 2)

For the grandparents in Group 4, in an area they felt was less well provided-for in terms of local groups and activities, the cost of travel and participating in activities was an important consideration. One of the advantages of attending their support group was the opportunity to share information and ideas about what to do with their grandchildren without incurring high costs.

I think a lot of it's financial as well... we can go here, but this is free... because when you go out with, like, two or three children... it's not just the bus fares, it's the entrance fees and going in, saying, well, 'you could go to the museum', take a packed lunch, that's a day out, it's free, on the bus... you don't necessarily want to be going to soft plays all the time because that's a lot of money... when you go to things, especially in the summer time, you're looking for ideas.

(Irene, Group 4)

Ellen, Mary and Anna also regretted that in their area, playgroups and other groups directed at babies and toddlers and their carers were organised round school terms and generally did not meet during the long summer school holidays, leaving them to find other things to do for the day while the parents were at work.

I like to... do things with her and sometimes you know you don't know what to do, go to the park or something, I don't like just to be in with her all day so... especially in the summer when there's no playgroup it would be nice to have more things.

(Ellen, Group 1)

Other forms of support would be, as we touched on, in the school holidays... none of the school holiday provision, or very little of it, is geared to the under school-age children... if you've got just the one who is under school-age there is very little for them.

(Mary, Group 1)

I did look at the local sports-centre type activity, the museum, like at the museum that was the only activity out of the whole summer that was geared up for that age... there was a little dance thing we could have done, but there wasn't actually that much for the under threes to do.

(Anna, Group 2)

#### **6.4 Participating in a coordinated support group**

For grandparents in Groups 1, 2, 3 and 5 it was quite clear from the outset that they were participating in the discussions for the specific purposes of the study and that I was seeking their views about their experiences, rather than in any way offering support for their role. Group 4, in contrast, was a pre-existing group, set up and funded by a third sector organisation to support grandparents as part of local early years provision.



The dynamic of this group and the focus of their discussions were therefore different in some respects from those of the other four groups, although the views they expressed in relation to the prompts provided were largely similar to those of the other groups. The group was coordinated by members of staff who had professional childcare qualifications, as well as being grandmothers themselves; a different coordinator took part in each of the group's two discussions. Thus although the discussions were 'self-managed', without my intervention as a researcher, nevertheless they operated as they were accustomed to, with both coordinators conscious of their role in leading the discussion.

My kids have grown up with... present day parenting, so that... for them... there's an alternative, and you know that there is ways of doing it, putting in... consequences or boundaries or whatever for children, so I suppose that's a big change in... present day parenting

(Debbie, Coordinator, Group 4)

I think as well that with me working here for so long, I know a lot about childcare. I've been able to pass that on to my daughter...

(Claire, Coordinator, Group 4)

They were both also mindful of the group's support and educational purposes, having a combined role of grandparent and childcare 'expert' who had a good understanding of how things should be done.

It's like recharging your batteries ... you feel safe in this environment ... nobody is going to judge you for crying... That's what we're here for, to support you. And we're all human beings, we've all got the same worries and problems... I mean here you've got your professional hat on, but back at home I'm just granny... with the same worries as everybody else.

(Claire, Coordinator, Group 4)

I think probably for this group there has been the opportunity, because we are this type of group, that we can link into any workshops about child development, brain development, raising children, confident that they've done so there's opportunities to kind of learn about play as well.

(Debbie, Coordinator, Group 4)

Perhaps the most striking difference between this group and the others was that the participants often dwelt on the difficulties rather than the benefits of being a grandparent carer that the other four groups emphasised. On reflection, this might have been expected, since the group was originally established specifically for grandparent-carers in the area who felt they needed support for the role and directed its activities at carers rather than the children they cared for. Discussion amongst its members about the benefits of being part of the group reflected this



function, particularly in providing support or respite for those who cared most days or full-time.

If it wasn't for this group here... it gives me two hours, I can actually sit and relax, and then because I've already been at it for two-and-a-half hours, it's morning already, and then I've got another five or six hours... so you can just sit back, have a wee coffee, just sit and relax, chat with whoever's here... it's nice, it's relaxing, just gives you time just to discuss things together... but apart from this there's really not anything at all. There's nowhere to go.

(Irene, Group 4)

Way back, I actually started working *here*, and ever since then I've always just always stayed part of it, in one way or another... We've got a lot to be thankful for, for *this place* I should say, because its existence has helped a lot of people, and us as well. Because there isn't anywhere else.

(Sheila, Group 4)

Pat and Sheila both mentioned feeling isolated as grandparent carers, so that the group provided both reassurance and a sense of inclusion:

When I used to take *my grandson* to the park, I really did used to feel quite like I was on my own, and when I came along to this group, it actually changed my mind about everything, really, it put things into perspective.

(Pat, Group 4)

And the biggest thing about *this place* is always being non-judgmental, you can come in here from wherever and whatever and... nobody looks at you any differently... you're just seen as a person...

With the other groups... it can be different, they just sit in their own little groups, and you're just not included the same...

(Sheila, Group 4)

Sheila identified the benefits of having information and advice on-hand or through the group; Irene spoke of the benefits of the group for both herself and her grandson:

It's always been helpful, but if it wasn't, if the answer wasn't here they always... knew where you could go to speak to somebody or get somebody to come here to speak to you.

(Sheila, Group 4)

Coming *here*, it was to help *my grandson* as well, because there wasn't a lot of friends that I had at the time that had grandchildren, and therefore it was just sort of me and him, when he was younger, and I thought, he needs to have the social aspect, and I'd been a few times to mother and toddler groups... but that never seemed to work out... very well. Coming here, he... got socialising, and to talk, and learning to share, and play with other children.

(Irene, Group 4)

It was Irene also who summed up what for her would be most helpful in terms of future provision, as a combination of learning and practical support:

Probably some more of what's happened here... just some time where you can actually have an hour or two, or discussions... what things are in place, or what's available for grandparents, grandchildren, because I think a lot of it's financial as well, you think if you're

going somewhere... When *the last group leader* was here it was quite good as well, because she would... arrange things as well... and now we do it as well... it's a wee change, it's taking them out, and it's giving you a wee break as well... the children, they're enjoying it as well. And it's not costing a fortune to have to go places...

(Irene, Group 4)

## 6.5 The role of the State

Chapter 2 outlined how grandparent-carers currently seem to operate in a wider 'anti-ageing' culture, with pressures on the relationships between generations, conflict over the distribution of economic and social resources and spiralling anxieties about the prospective costs of pensions and healthcare. They are often portrayed as a significant burden to society rather than having the potential for civic engagement and support for family and community activities. Many social, economic and political factors have the capacity to affect the future role of grandparents in providing affordable childcare. Policies which extend grandparents' working lives and hours are thought likely to impact on their current use as parent's first choice of flexible childcare, although there is not much evidence of this effect to date. More support for grandparents and other informal carers has already been identified as a policy priority for action in Scotland (Ch.2.3).

One of the later prompts for the groups raised the issue of the role of the state and national organisations in supporting grandparent-carers. Across the groups, although participants had ideas about the kind of support the state might offer, they showed little awareness of current arrangements and expressed considerable scepticism about the will or capacity of Government to offer meaningful support. Myra and Greg, for example, had had professional and personal experience of the Scottish GIRFEC Named Person initiative and disability allowances for carers respectively, and did not really trust those personnel who might be involved to fulfil their role adequately. Both were deeply suspicious of bureaucracy.

I think all of these named people, I think that's all very well, but you're expecting that person to be pretty sensible, not everybody is. People could be a real gossip - now, although they would be told not to discuss it with somebody else, human beings are not like that, and then suddenly this little concern is suddenly blown out of proportion. Or this little concern is actually a bigger concern and then what happens?

(Myra, Group 2)

You think when you see [disability allowance], an awful lot of folk seem to get things for basically for nothing, and people that are dependent on it don't get that much and you think, no, this is just not right, only because it's a case of tick a box, you know? (Yeah, aye, I wouldn't say...) I wouldn't like (like to see that happening to grandparents at all).

(Greg (and James), Group 3)

Greg also felt that grandparent-carers were overlooked when it came to state support, with allowances and financial support being offered only to parents.

You don't get any help from the community, or local Government or anything... Parents get the help with all this childcare places and whatnot for under five... they give money and vouchers for playgroups and nurseries and things like that, but grandparents don't get any as far as that's concerned.

(Greg, Group 3)

Mary felt that support should come from central Government but doubted whether that was a realistic expectation at present:

They might decide, the Government, that it would be better sitting with local authorities, but then the local authority would say, where are we going to get this funding from? And they'd look to central Government, so central Government is your starting point, except that they might bat it back and say, make it a voluntary thing... Things like this do not provide an income, and so it would be very unfair if the Government did suggest that it could be done within the community.

(Mary, Group 1)

Across the groups, participants had indicated that the decision to commit to regular care had affected their working lives and their priorities and freedom to plan their personal, social and leisure time to suit their own preferences (Ch.5.2). The Commission for Childcare Reform (2015) report had noted the childcare costs to the parent tend to reduce the employment rate of grandparents, especially younger grandmothers, who gave up employment earlier to look after their grandchildren; Irene's experience was consistent with this finding, while Greg noted that pre-retirement caring would present considerable difficulties.

I gave up my job so that I could look after *my grandson* ... at the time it meant that, *my daughter*, she needed to go back to work. She couldn't have managed, not working, so it was the easier option was for me to give up my work, to actually to do it the other way round ... and let her go to work.

(Irene, Group 4)

So effectively a grandparent really has to be... retired before he can do... what we do.

(Greg, Group3)

Recent changes in pension arrangements concerned participants across the groups. Claire, Ellen, Mary and Irene all acknowledged that since the pension age had been extended for their age-group, they were in the position of paying out expenses for childcare without the income from a state pension for support, feeling that they were being short-changed for their contributions to the economy.

C: I can't even get a bus ticket because I'm too young... I've actually basically resigned myself to the fact that I'll probably never get a state pension because they keep moving it and moving it!

E: And there's a lot much younger grandparents nowadays.

(Claire and Ellen, Group 1)

If you were born in 1954 or later, which is me, you don't get your pension until you're 66... so therefore we're funding this now and we've not even got our state pension... I think it's such a shame because the contributions that we've made to the economy...

(Mary, Group 1)

I think it's wrong in a way, because being our age now... we should be getting a pension just now... whereas we are not.

(Irene, Group 4)

With regard to the effects on grandparent-carers, participants in Group 4 offered thoughtful and altruistic perspectives on the impacts and unintended consequences of raising the pension age. Clare and Sheila recognized that later retirement might affect the capacity and willingness of grandmothers in particular to offer childcare, at a time when they thought their support for their families was increasingly important.

We just wonder what's going to happen... in the next six years, because the pension age is changing and women are having to work till they're 66, then what's going to happen to those... in between those years? Are the grandchildren getting grannies that are still out working, you know? What's going to happen in that gap?... I don't think anybody's actually thought about it... I'm just wondering what's going to happen... down the line, and what support they're going to get, what's going to be available for the children.

(Clare, Group 4)

I think because... people are living longer, and people are more health conscious, that... it would be good for grandparents to be recognised having to take on this job... it would free up jobs for the generations leaving school, because that is a big problem just now as well.

(Sheila, Group 4)

Irene pointed out, however, that taking a pension early would have the disadvantage of reducing overall pension contributions and annual income, potentially penalizing people moving into dependency in later years.

There's people 16, 18, that could maybe be... People are saying if you had your pension would you give up work? A lot of people would say, yes I would, but because you're not getting a pension, you're having to work, so you could... swap it around... and actually finish off earlier. But... it's difficult, you could have had money every month coming in... you do that times six years, it's a lot of money.

(Irene, Group 4)

Insofar as possible solutions were concerned, participants in Groups 1 and 3 offered ideas about financial support for grandparent-carers based on their personal and professional experience. James and Greg debated the case for, and the likelihood of, the Government recognising the role and value of grandparent-carers and offering them recompense for their contribution in some way, in the end agreeing to differ, at least about the likelihood of action at national level.

J: You could potentially make a case for the... economic costs of childcare against a free grandparent... is there a case for some sort of support? I'm just saying that you could hypothetically make a case for there being an economic benefit to society at large that a grandparent is stepping into a caring role which would otherwise... either have to be picked up by the state... or would inhibit the parent making an economically productive contribution to society.

G: But the Government wouldn't do that... because they estimate that the cost of grandparents doing... we'll call it childcare, is in the millions and billions of pounds a year...

J: So saving society, yeah?

G: But you know, the Government is never going to do anything about that because one, they couldn't afford it, and two, there's not the political will to do it in the first place.

J: There's a lot of political will round childcare...

G: No, from the grandparent point of view ...

J: Yeah, but it ties into childcare ... But I can accept it's not going to happen and I'm not necessarily saying it's a good thing! ... I'm not necessarily advocating it, but I think you could probably construct a case round grandparents' contribution to childcare is actually worth valuing... financially valuing.

(James and Greg, Group 3)

Mary came up with practical ideas about possible state support for grandparents, seeing the parallels with family care of older people. Her attitude (not necessarily shared by others) seemed to be that grandparents could, if willing, to do something about their own situation.

I think that Scotland may be ripe, if only grandparents were to lobby for it, for support... I would be suggesting... exactly the same as caring for an elderly member of the family, where there are carers' forums, and all sorts of setups for carers... and in fact you can source things like attendance allowance, for example, so the equivalent of something like that and/or tax breaks, because a lot of grandparents are either still working or have a pension or they've got some form of income that may or may not attract tax relief, and in the absence of that then a 'benefit' like an attendance allowance...

(Mary, Group 1)

It was Sheila who succinctly summed up a sense of frustration amongst several of the participants with regard to grandparent-carers:

Why can't the Government just recognise that grandparents are needed now? Because I know childcare is a business, but it's an expensive business.

(Sheila, Group 4)

## 6.6 Key findings and discussion

### *Key findings*

- Participants recognised that society had changed from when they were parents. Grandparent-care was now widespread and generally accepted but some local communities felt more supportive than others; local attitudes could influence grandparents' decision to provide childcare.

- The grandparents suggested that community anxiety about children's safety in recent years had eroded trust of carers in the community, making grandparents as known family members a safer option than more formal alternatives.
- Participant grandfathers were sensitive to community attitudes towards them but were generally confident and assertive in promoting their role as carers. They recognised that care by grandfathers was a recent phenomenon and that attitudes towards them were ambivalent and slow to change.

Across the groups, participants recognized that society had changed from the perspective of both older people and younger generations. Young mothers were expected to return to work at an early stage, while grandparents enjoyed better health and more independence than previous generations, so might be expected by the community to be more active and involved, with individuals influenced to take on a caring role by their peers. Attitudes to grandparent-carers in the various communities represented was felt to be mostly positive, perhaps more so in the west of Scotland group's community. The grandfathers involved were confident about the benefits of what they did and felt that there was mostly acceptance of their role by their peers, but it was still not always felt as routine for men of their generation to act as carers. They felt that in a world where there was growing suspicion about mistreatment and abuse of children by carers, experienced grandparents as known family members might be more competent and trustworthy than community carers or young, inexperienced nursery staff.

- The grandparents agreed that a blend of informal and more formal nursery care was beneficial to their grandchildren in the 0-3 years. For themselves, they were less convinced about playgroups, where they sometimes felt less welcome or respected. They generally appreciated their local facilities for their range and 'child-friendliness', but there was a lack of provision for toddlers in school holidays and the cost of some provision was a barrier to participation for the less affluent amongst participants.

The views of the participants about the nursery care experienced by their grandchildren, in combination with family care, were also mostly positive, apart from the high cost to parents. The cost, as well as the relative inexperience of children of some nursery staff in comparison to grandparents, in their view made the

contribution of grandparents to childcare well worth supporting and encouraging. Their views about playgroup provision were mixed: although the experience for their grandchildren was thought of as generally socially beneficial, there was some feeling that groups that were run mostly around parents and toddlers rather than whole families and were not always an entirely comfortable experience for grandparents.

- These grandparents were resistant to the idea of being told by professionals how to care for their grandchildren and preferred to find advice for themselves, although a 'helpline' for grandparents was suggested. The facilitated support group run by a third sector organisation was, however, providing effective support for the local grandparents who chose to attend, providing practical advice and information, respite and reassurance, and a sense of inclusion and solidarity.

There were different views about what local 'support' for grandparent-carers might involve, ranging from advice about childcare to activities designed for carers and toddlers. Overall, most participants seemed confident that their experience of raising children was valuable and they would prefer to seek advice as and when they felt they needed it rather than attend groups or classes specifically offering training in 'grandparenting'. In this regard there was a suggestion that a helpline for grandparent-carers might serve a useful purpose. With regard to activities for toddlers and their carers, most of the groups lived in areas where there was good provision of child-friendly facilities and activities during term-time, although mostly at a cost to users, which would make them less accessible to less affluent carers. Most of the participants said that they willingly bore at least some of the cost of the activities they did with their grandchildren, as part of the practical support for their children that they had made a commitment to provide. The only reservation expressed was that activities designed for toddlers were not generally provided over the school summer holidays, when some of the parents nevertheless continued to work and the grandparents to provide care.

- The grandparents expressed particular concern about the likely impact of recent changes in retirement and pension arrangements on informal childcare and families. They generally lacked awareness of existing state support for their role and expressed considerable scepticism about the political will in Government to act in their interests.



One of the groups had been set up specifically to support local grandparent-carers as part of early years provision. Those who attended appreciated the opportunity to call on the expertise of the professional coordinators, who clearly enjoyed their trust and respect. Members mentioned the access to learning events and benefits of sharing information and advice, as well as feeling personally valued and supported by their peers and the organisation when things were difficult for them.

There was general agreement across the groups that it would in principle be worthwhile for the State to give greater recognition and support for grandparent-carers' contribution to childcare, and several suggestions were made about how this might be done through the tax and benefits system, similar to support for carers of older people. In particular there was concern around the recent changes in pension arrangements, where later retirement was likely to affect the capacity and willingness of grandparents to offer childcare, at a time when they thought their support for their families was increasingly important. However, there was no real belief that at present any such provision was a realistic expectation.

#### *Community attitudes towards grandparent-carers*

Recent surveys and reports from Scottish health and social services reviewed in Chapter 2 have acknowledged that attitudes towards older people tend to be negative, dwelling on the failing health and dependence of the growing numbers of older people, despite evidence about the positive health and attitudes and considerable contributions to communities and families made by people aged between 50-75 (see p.36 above). The views of these grandparents suggest that in the light of general awareness about the growing importance to society of informal family care, steps might be taken to acknowledge their contribution and project a more positive view of their roles and value to their communities, paying particular attention to the role of grandfathers. Failure to do so could result in a degree of resentment and disillusionment that could ultimately prove damaging to their families and communities.

#### *Local support for grandparents*

From the grandparents' perspective, they were content to provide part-time care for their babies and toddlers in combination with local nurseries, seeing the blend as advantageous to the children. In terms of support as advice about how to care for



their grandchildren, they were resistant to be told what to do by professionals, preferring to seek advice when and as they thought they needed it. This attitude has implications for the way that grandparents are included as partners in their grandchildren's learning and development, along the lines suggested in recent documents for professionals about childcare in families (Ch.2.2). Operationalising 'support' in this sense, recognising grandparents' unique contributions, might benefit family members across generations. Other facilities, both free and paid-for, varied more across areas in terms of their welcome for grandparents and respect for their role and experience; in holiday periods provision seemed geared towards working parents of school-age children rather than babies and toddlers and their carers. Recognising the crucial importance of the 0-3 years, local authorities and third sector organisations might be encouraged to pay more attention to facilities and support for the youngest children and their carers throughout the year, providing support for the wellbeing of both. Given the positive views of those grandparents who attended an existing support group for grandparents, it would be worth also considering whether and how local groups and networks might operate to the benefit of local grandparents generally, not just those who feel in need of help and support.

#### *Support from the state*

Arrangements for retirement and pensions and their impact on the capacity and willingness to care for grandchildren were a particular concern for these grandparents, whose personal circumstances highlighted the sometimes conflicting and contradictory policy directions currently prevalent (Ch.2.1). They were also unaware of recent changes in support for grandparent-carers. Their contributions highlighted the need to work across departments to provide up-to-date information for carers and to align health, education, social and economic policies with regard to families and family care, so that as the demands for free family care increases, so support for those providing the care keeps pace. Working in partnership with carers and seeking their views and suggestions would also pay dividends, signalling respect and appreciation for their experience and drawing on it in the public interest. Paying attention to the physical, mental, social and economic health and wellbeing of carers is likely to be a key element in securing the future of care in Scotland, across generations.

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These reflections will be picked up again in Chapter 8, which looks at the implications of the study's findings for policy and practice.



## **Chapter 7**

### **Caring as intergenerational learning**

From the outset, the study was based on the assumption that becoming and being a grandparent-carer might be considered as a continuous learning experience both for the grandparents and for the families and children they cared for. This chapter considers the grandparents' discussions from a learning perspective, focusing on the extent to which their accounts of their experiences seemed to match recent thinking about lifelong learning and how it might impact on individuals' and families' wellbeing.

#### **7.1 Grandparents' learning: the 'what' and the 'how'**

For individuals, it is increasingly recognized that undertaken on a voluntary self-motivated basis, lifelong learning can enhance social inclusion, active citizenship, personal development and self-sustainability (Commission of the European Communities, 2007), predicting health outcomes, community and social engagement and participation in democracy (Istance & Dumont, 2010). Biesta et al. (2011) explored 'ecological' understandings of agency through the life course, arguing that people shaped their own destinies; it was the quality of involvement in lifelong learning that determined how it might influence life-chances, through its effects on identity, personal engagement and action. Sfard and Prusak (2005) suggested that identity was the missing link between learning and its socio-cultural context. They proposed replacing the traditional discourse on formal learning with consideration of the longer-term task of identity-building. They argued that a person's identity was profoundly shaped by the stories that other people tell about that person so that learning was a 'narratable pathway of identity formation' (p.16).

Boekaerts (2010) held that sustaining motivation to learn was strongly dependent on the learner's confidence. Feelings of competence and belief in potential to solve new problems were derived from first-hand experience of mastery of problems in the past; positive feelings of competence, autonomy and social relatedness would promote learning and openness to change. She argued that learners like these grandparents, and indeed their children and grandchildren, were likely to be more motivated to learn when they felt competent and perceived stable links between actions and achievement; valued their learning and had a clear sense of purpose;

experienced positive emotions during the learning and turned away from negative emotions; and perceived the environment as favourable to their learning. Their motivational beliefs would be based not only on previous direct experience but also observation of others and how they were affected by social and learning contexts. These factors would help to determine how much effort would be invested and how long as learners they would persist in the face of difficulties.

In terms of specific knowledge, skills, attitudes and values the participant grandparents might be acquiring, rediscovering and/or developing through their practice, the DeSeCo Key Competencies project identified three overlapping groups of 'capabilities' needed for 'a successful life and well-functioning society' (OECD, 2005). *Using tools interactively* referred to the ability to identify and use cognitive, socio-cultural and physical tools, including language, symbols and text, knowledge, information and technology, to manage day-to-day activity successfully in different contexts. *Functioning in heterogeneous groups* referred to the ability to learn, live and work with others, through initiating and managing personal relationships, cooperating with others and managing and resolving any conflicts based on divergent needs, interests, goals or values. *Acting autonomously* referred to the ability to form and conduct life plans and projects, including setting priorities, identifying resources, learning from the past, monitoring progress and adjusting accordingly, adapting as appropriate within the wider social and economic setting. This group of capabilities also included that of asserting and defending personal and collective rights, interests and needs. Skills in *Thinking and acting reflectively* were taken as embedded and cross-cutting throughout, allowing individuals to learn from experience and deal with change.

In relation to these competencies, as they took on new roles in their families the grandparents in this study could be seen as acquiring knowledge and refining skills in all of these areas. Starting from a view about the role they wished to play in their families and what successful grandparent-care might be like, overall they were learning how to establish, maintain and manage the role of grandparent-carer in their own particular family and social contexts. Across the groups, the participants clearly thought of themselves as learners, recognizing that they had willingly taken on their new role and were learning as they went about what being a grandparent entailed.

C: I'm always learning ... everybody's still learning.

S: I know, because technology and all that's finding things new, so we're all learning new things ....

(Clare and Sheila, Group 4)

I mean being a grandparent is a new thing for us, and we're all just learning!

(Liz, Feedback)

Taylor (2008) proposed that our frames of reference were composed of two dimensions: habits of mind and points of view. He found that habits of mind, which were harder to change, influenced our point of view and the resulting thoughts or feelings associated with them, but points of view might change over time as a result of influences such as reflection, appropriation and feedback, all of which featured in discussions. These grandparents made no assumption that 'grandparenting' would be the same for them as it had been for previous generations and expected to have to adapt to life in the 21<sup>st</sup> century. It might be assumed by younger professionals that teaching the old dogs involved in this study new tricks would be challenging; Claire and Sheila certainly agreed there were considerable challenges for older people in taking on contemporary ideas about childcare.

I feel we get nowhere because it's changed from the days of rusks and Farlene and everything else, you don't do it now ....

(Claire, Group 1)

You're trying to teach older generations things like what we're learning now, it can be quite hard, because they still just see, not their way, but how they were taught, as the right way, so it's a bit hard to bring new things into older generations.

(Sheila, Group 4)

However, as the grandparents talked about their practice, it became clear that they were all confident that they could learn to be effective carers in their family context and were well-motivated to do so.

From the views they expressed in Chapter 5, these grandparent learners clearly valued both their role and the other members of their families, feeling that what they were doing was important and that they had significant experience and skills to bring to the role, regardless of what they may have done in their previous lives. Claire and Pat both thought of themselves as having a natural rapport with small children:

I had my family who say I'm just a Pied Piper. I can be sitting in the middle of nowhere, and I'll attract children. They just seem to think I'm fun, you know.

(Claire, Group 1)

I've always loved children, so, it wasn't as though I was taking on something that I never wanted to do...

(Pat, Group 4)

They were keen for their families and grandchildren to develop and thrive and so highly motivated to explore new ideas and adapt to changes as the children developed. Their discussion throughout suggested that taking on their role as carers had stimulated and developed their capacity to reflect in some detail on what grandparent-caring entailed and how they could develop it successfully. They shared and elaborated ideas about what 'good' practice might look like and how it might change as their grandchildren grew, involving them in supporting their children and families as part of a clear focus on promoting the children's wellbeing and development, the one being essential to the other. They also demonstrated the ability to prioritise and refine goals as part of their caring 'project'. Asked directly for their priorities, Mary and Claire readily agreed about their overall focus:

Priorities with *my grandson*: I'm going to keep to my routine as best I can, but I think as Grannies, as you've just said, we're the fun element... So these are my priorities, make sure he's clean, fed, watered, and have fun, and keep him as safe as possible...

(Claire, Group 1)

In terms of hard notions rather than the soft notion of love and the rest of it, obviously keeping her safe, keeping her fed, watered, dry, occupied, stimulated - but they all kind of roll into one, that I call 'love'... and no one takes priority over another.

(Mary, Group 1)

Schank (1995) argued that human knowledge was encoded as stories about experiences and events. He proposed that learners found advice on how to succeed from related cases, reflecting from a variety of viewpoints and perspectives on approaches that were successful or not and adapting their explanation of success or failure to fit the current situation. Depp & Jeste (2010) found domain knowledge to be an important contributor to older learners' task performance. The individual's learning history, including relevant training and task practice, seemed to matter most, except where tasks were unfamiliar and new learning was required. Barriers to learning could be related to not knowing what to expect, what to do or when, or what information was relevant. It was not so much what people experienced, but how they adapted to events that made them resilient: the 'wisdom' of age could be seen as a combination of cognitive, reflective and affective dimensions (Ardelt 2004). More recently Evans, Schoon and Weale (2013) found that most people seemed to follow well-established learning patterns through their lives in terms of both stability and change. From the social constructivist viewpoint, learners' own learning histories, including social, family and community influences, could therefore

be seen as an essential foundation for learning throughout life (Hargreaves, 2000; Gorard, 2009).

All the participants in the study seemed confident that they had important experience and skills relating to their long history of family childcare to bring to the task. As they talked about their past lives, they showed themselves well able to reflect on experiences and their impact on their current thinking and practice. All of them seemed both aware and confident that they brought valuable insights to the caring role, shaping and developing their ideas about what 'good' grandparenting might look like, as well as suggesting which aspects of their own past would need to be adapted or changed to match the current context.

## **7.2 Learning from a previous generation of grandparents**

Some of the most interesting and engaging discussion amongst participants that was likely to shape their ideas about being a grandparent was about their own experience of grandparents as they grew up. As they talked, it became clear that they were reflecting on cultural differences between then and now, developing and using their capacities to reflect on the past and cooperate with others to construct new versions of grandparenting practice adapted to the current context. It was agreed that their own grandparents were considered 'old' in a way that baby-boomer grandparents were not. Some participants described how their grandparents (often grandfathers) suffered chronic ill-health and were not able to take an active part in family life. The relationships that Mary and John had with their grandfathers were strained and they only really came to appreciate their very difficult circumstances later in life, with the benefits of experience and maturity.

(My grandfather) had come back from the war not a well man, I now realise, so although he was there, he was usually bad-tempered and just kind of lying on the sofa really, a settle thing, I'm not quite sure, or a downstairs bed...

(Mary, Group 1)

I did have a grandfather... he lived with us... he and I just didn't get on, but he was very ill and very probably in a lot of pain, and I didn't understand that, I was a young laddie. So there was a lot of friction.

(John, Group 5)

Several of the participants who had had experience of grandparents described being part of an extended family in childhood, where grandparents lived with or close to their children and grandchildren and were an integral part of family life, with



regular visits. Mary had quite positive recollections about her two grandmothers, suggesting happy times in her childhood that she could bring to her own role.

We were always beautifully dressed by our Gran... we saw a lot of her, and she had a big button box and she was fun to play with and be around... And [my other] Grandma, and I do this with *my granddaughter* now, she used to give us egg mashed up in a cup with best butter, and I do egg mashed up in a cup with best butter for *my granddaughter*.

(Mary, Group 1)

However, in most cases grandparents were not necessarily expected to care for their grandchildren in the way that contemporary grandparents often do.

I had a lot to do with my grandparents, but not to the same extent that they would care for me, be looking after me on a daily basis...

(Marie, Group 4)

When we went to visit my Granny it was the adults would all talk and we would just get put outside. It wasn't anything to do with my Granny. I never did baking or anything with my Granny.

(Liz, Group 2)

Liz and Myra also remembered particular activities as typical of their grandparents that illustrated a different kind of relationship between them than might be expected now. They described relationships were more or less respectful or affectionate but not close or reciprocal in the contemporary sense. Myra described how in her childhood, neither physical contact nor any display of emotion were part of her family life, and how she had been determined in her adult and family life to compensate.

My Granny didn't play with me... it wasn't anything that I particularly wanted to do. And I feel the reverse with my grandson, like you...

(Liz, Group 2)

They were never loving and affectionate, the way we are with ours... you knew that they liked you, but there was none of this cuddling or hugging, you know... it was, like, that generation, who'd gone through the war, and they didn't show their emotions ... it made a difference to the way I brought up my children. I tried to be loving... I was affectionate with them, they got cuddles and we'd talk.

(Myra, Group 2)

Several of the grandfather participants compared their own experience of grandfathers with contemporary views about a grandfather's role. Where they had enjoyed good relationships with their grandfathers, these seemed to have been based mainly on the sharing of practical skills, although their grandfathers' storytelling about family history also seemed to be one of the roles that the contemporary grandfathers admired and might wish to emulate.

My grandfather, he was into bees, so he was always up with the bees, 'come up and see the bees, they don't sting when they're... after I got stung three or four times... 'Go away!'... (He) made me a fishing rod (yeah, they did things with you) with a big pin. He told me, 'if you get a hook in your finger you'll have to go to the doctor to get it cut open!'

(Mark, Group 3)

That's the way grandfathers were, they sat in the corner and puffed their pipe, sat in front of the fire ... and watched the world go by. 'Come on and I'll tell you a story about my great-grandfather'... It was storytime!

(Greg, Group 3)

Myra came to appreciate her relationship with her grandmother as she grieved for her mother in her teens, rather than as a child, recognizing her grandmother's respect for her as a young adult.

I remember thinking, she can't actually say 'I'm sorry that your mother's died', but she talked to me like I was an adult, and I can remember feeling really grateful that she was there that I and that I had that experience with her, because up until that time she'd been quite a remote figure.

(Myra, Group 2)

Some of the participants seemed to be looking forward beyond their own lifetimes, determined to leave their grandchildren with good memories of them; it seemed to be the kinds of attributes they valued in their own grandparents that were most important to them. Anna and Greg expressed in different ways their desire to be remembered positively by their grandchildren, Anna for their reciprocal affection and Greg for the things he did with his grandchildren:

I used to love looking out for (my grandmother), and it's this love, and just adoring that I want to give my grandchildren, that feeling... if I die when they're still too young to remember much of me, as long as they have that sort of lovely feeling of us both...

(Anna, Group 2)

We're lucky here, because we're just down to the beach or down to the swings or up to *the garden centre* to see the fish... all that sort of stuff, and it sticks in their memory.

(Greg, Group 3)

### **7.3 Learning from the experience of parenthood**

As the participants talked about their role, they often exchanged stories about their experience as parents. Across the groups, regardless of personal circumstances, these interactions seemed to build considerable insight and self-awareness about the extent to which their own experience of raising children was similar or differed from those of their children and influenced their thinking about being a grandparent, shaping their expectations and understanding. As parents themselves, they had got most of their ideas from observing and talking with their own families and parents and from others like themselves, learning about child development and childcare,

and also about interacting and cooperating with others, as they went along. Perhaps as a result, they seemed to prefer this experiential, collaborative style of learning to the more formal kinds of advice available to their children. Myra, indeed, expressed some scepticism about the value of published 'grandparenting' advice:

I did read 'The Good Granny Guide' before I became a Granny. And I thought, hmmm, well, yes... But I wouldn't base it on a book. But it was good to know you do rhyming and painting and whatever, once they got to that age.

(Myra, Group 2)

Anna and John described how unprepared they were for the impact on lives of managing the care of their children, while partners were at work, or in some cases as single parents.

I was the first in family that had babies, I had never been around babies when I grew up so they were slightly alien to me, and I was, if I'm honest... when *my daughter* arrived, I was totally shell-shocked for quite a long time, and your life is just turned so much upside down.

(Anna, Group 2)

I used to look after my own kids on a Sunday because my wife worked night shift, she was a nurse so normally when I looked after them I had to be out of the house or they'd keep her awake you know. So she needed six hours, seven hours, so it was quite tricky finding somewhere where the kids could do something out and about all day, winter and... summer

(John, Group 5)

Liz and Graham compared the different pressures and expectations that their children experienced with their own:

I didn't go back to work after having a family... and I think the expectation for these girls to go back to work now and have a family and run a house and all the other things that they have to do, I think puts a tremendous pressure on them.

(Liz, Group 2)

I think physically it's hard, and I think it's great... you realise... what your sons, daughters, daughters-in-law are... coping with all the time... you forget how you managed yourself... when we were younger...

(Graham, Group 5)

Myra and John also reflected on the differences in the emotional relationship between parent and child and grandparent and grandchild (see also Ch.5.3).

Although I enjoyed being a parent, I loved being a mother, I feel I've got a different relationship with my grandchildren, and I read the saying 'you're given children to love, but grandchildren to adore', and I really think that really sums up... I love my children dearly but I adore my grandchildren... and I'm probably a lot more patient granny than I was a mother.

(Myra, Group 2)

It's been... quite a different vibe working... being with my grandchildren than it was with my own children. I'm quite astonished how relaxed my daughter is with her children – I'm on edge all the time – I know I wasn't on edge all the time with my own children, so you know

there's a different, a very different feeling towards caring for grandchildren and caring for your own children. I think there's a familiarity with your own children that you don't have with your grandchildren...

(John, Group 5)

Whatever their background, the participants seemed keen to draw on their experience as parents to learn what they might expect in terms of children's development, what to look out for and when they should be concerned. Often their strategy to understand their grandchildren's development was to make comparisons with their own children. Irene, for example, observed the differences between her children and grandchildren in terms of their maturity and expectations of their learning:

When we talked to our two-year-old, when we had our children at two-year-old, three-year-old, it's different from talking to a 3-year-old nowadays... they're completely different... they were just babies at two- and three-year-old. At three-year-old now... they're more grown-up... than what three-year-olds 30 years ago were.

(Irene, Group 4)

The importance to participants of the intergenerational nature of family relationships was also clearly reflected in the way they looked for continuities in family characteristics, identifying similarities in behaviour between their children and grandchildren.

A: So what sort of person, personality traits are you seeing?

L: Quite a lot of his Dad! (laughter)

M: Which is?

L: Well, it's not a bad thing, but...

M: No, no, I know exactly what you mean though, order, he likes order, order. But that's what he's used to, so that's how it is, isn't it?

(Liz, Anna and Myra, Group 2)

They remember all that... I think they use their parents' phrases often as well. One of *my daughter's* three favourite phrases is 'just a minute'... and that comes out. 'Actually...' is another.

(Greg, Group 3)

Several of the grandmothers talked about the support they had received from their own parents when their children were small. The main focus of their parents had been on supporting their own children; none of the older generation had taken on regular childcare, but some had offered to make themselves available to help out as required in the early years on an ad hoc basis, both practically and financially, while at the same time respecting their children's independence, approaches which had clearly influenced the participants' attitudes.

I can remember that when I came back from hospital with my first son, and my mother just said well, you know where I am if you need me, and we were just left to get on with it.

(Liz, Group 2)

My Dad was good at taking us out for tea, he was very good, and we would always try to pay, and he would say, 'Na, na, you wait there'll come a time' and there did come a time, and he said, well it's your turn now.

(Myra, Group 2)

... my kids were really young I was on my own with them, for a while and my mother was quite close by, but she was a good support and would take them, the three children .... babysit or if maybe one was ill and I was working ... she worked as well so she would try and be there ....

(Debbie, Group 4)

Bryson et al. (2012) associated informal care options with mothers' education and socio-economic status, finding that less qualified and less affluent families tended to rely on a wider set of informal providers, with friends and neighbours used more often. Accounts shared by these grandparents seemed to stimulate and extend their ability to take account of their own and others' cultures and histories, as they agreed that the culture in their particular social circles and communities might be influential. Claire and Graham spoke about neighbours and friends who had helped out in the absence of parents and close family, suggesting that they might now feel inclined to look for a similar sense of solidarity and mutual support in their current circumstances.

When I moved, a couple who I got friendly with... *The husband* had been made redundant... so he took on the role of looking after them, and it was a godsend, because they were across the road... I don't know what I'd have done without them...

(Claire, Group 1)

I think we had to be quite independent in a sense... and I suppose we relied on friends more... we had to make do, because... at certain times I was a student and... obviously, having young children, money was tight...

(Graham, Group 5)

Anna and Graham both reflected on the difficulties of being without family or local support and Graham felt that his sons may have missed out on a significant experience as a result, one that they were both now able to provide for their families.

When I had my own family, I had no support at all, there was nobody. I only had one grandfather that was quite close, my parents were quite far away, both a bit elderly, and my mother had had strokes... so there was no possibility at all. And I found personally that that was quite stressful...

(Anna, Group 2)

I felt there was a kind of miss for our two sons in a sense, not having grandparents. Maybe they would have been crotchety or kind of grumpy, I don't know, but they never had that experience...

(Graham, Group 5)

Mary, James and John all expressed some regret and even guilt at the impact of their own behaviour as parents on their children, attributing their decision to care for their grandchildren partly as a desire to make up for what they thought of as shortcomings as parents, as well as for their own satisfaction and self-respect.

The whole of (my daughter's) younger years was coloured by the post-natal depression... and as she was getting older it was compounded by the state of my marriage... and (when) we got divorced, I felt the... even bigger weight of financial and parental responsibility. Another reason that I was more than happy to look after her was to re-experience, albeit as a grandparent as opposed to a parent, those early years that I've barely got a memory of...

(Mary, Group 1)

It was being busy busy, you know, not being there enough, basically (well, that's right, aye), because, you know, when you have children, almost by definition you're at the stage in your life, career, where you are pretty fully engaged anyway... you're trying to either get to where you want to get to, or holding on by your fingernails! And I certainly missed a lot...

(James, Group 3)

I kind of feel it's like getting a second chance.

(John, Group 5)

#### **7.4 Learning with and from children**

Throughout the discussions, it was clear that these grandparents were learning about their children as adults and parents and how to interact with them, and indeed with their current or former partners, in roles that were new to all of them: how to be a parent to an adult child as well as how to be a grandparent to a grandchild. Anna, Liz and John spoke of the advantages to their children of their own accumulated wisdom, which allowed them to empathise and bring reassurance about what to expect, the likely temporary nature of most stages and problems in an infant's or toddler's life, and key things to bear in mind.

Particularly with the first they kind of read the book about it, they don't know what's coming next... it's hard to explain but you kind of know where they're aiming for and what's going to be happening next.

(Anna, Group 2)

I do remember being on edge with the boys, yes, because it was all new, but I think with a grandchild you've been there, you've done it, you kind of know what to expect.

(Liz, Group 2)

One of the things that my father said to me when I had my own children, he said, 'the worst thing you can do is be inconsistent with your children... I've always kept that at the back of my mind, that's the only advice I ever got from my father regarding family, but it's a solid piece of advice, you know, 'be consistent'!...

(John, Group 5)

From what they said in the study's groups about their experience, it served to develop and extend their capacity to maintain and manage personal relationships in their family group, balancing shared goals with their own priorities and taking care to anticipate and manage possible conflicts. Their family members, including their grandchildren, influenced their relationships and practices interactively; participants brought insights from that experience to the discussions, especially about the nature of the interactions with their children and children-in-law. For example, the participants illustrated Arber and Timonen's (2012) point that family interactions are often mediated by the middle generation, by referring to the importance of talking with the parents about the grandchildren's routines and development and seeking and providing feedback on a regular basis, as a reassurance to both parties.

If I see anything with her, I would say to my *daughter-in-law*, I've noticed she's doing this or she's doing that so she can watch for it too, or I'd say to you (yes, that's right) to see if it's going to be a problem... mostly it's just been wee insignificant things that I would mention, when she's in my care if I've noticed something...

(Ellen with Mary, Group 1)

*My son-in-law* came in last night, and I don't even know if he wants a debriefing, but he just sat down, he got it! But I think they generally seem to want to know, the parents, from the point of view of how's the day been? Because they say to her don't they, what have you been doing today? And she sets off on her little tale.

(Mary, Group 1)

John pointed out that the parent-child relationship with his daughter would affect their discussions about childcare.

I think one of the things that I'm hyper aware of is when you do something out of the ordinary, like you change the routine or something... I always discuss it with my daughter, and I can always tell - she never says 'no', but there's always the slight hesitation if that is 'no'!... You've got to be hyper-aware of... what the parents - what they're ok with... because you're their parent, they're not going to say no to you, you know...

(John, Group 5)

Several participants described situations where they had thought carefully about challenging the parents' views. Claire talked in her group about the delicate matter of standing her ground with her daughter when she felt it was important enough.

It's the - at the stage of trying to discipline him as well... you're trying to teach him 'No' and *my daughter's* like, 'But he's too young', and I says, 'No, he's at a stage now where he has to learn' but then I was very strict with them when they were children, I'm not strict with him when he's not mine, but I still feel he's at the stage where he gets told off now...

(Claire, Group 1)

As with John, they also referred to the value of consistency of approach to childcare, setting clear agreed boundaries and adapting their approaches flexibly to the



parents' views and respecting the parents' 'rules' and routines. This was summarized by James and Greg as working flexibly within 'broad guidelines' agreed by both parties.

J: I think one of the hardest things about being a grandparent is obeying your child's rules... it's a temptation to say, we'll just do that, or that's okay... when you know that it's actually not okay. You have fun, but you've... got to follow the parents' rules, otherwise the kids get very mixed messages.

G: Aye, you've got to set boundaries...

J: ... but they have to be the same as the parents' boundaries I think... they don't have to be regimented but there's kind of broad guidelines that you have to be working within...

(James and Greg, Group 3)

Across the groups, participants seemed especially conscious of the need to take particular care to establish respectful relationships with their children-in-law, mindful of the welfare of their children and grandchildren and perhaps recognizing that their interventions could impact on their children's partnerships and family life. Myra perhaps had in mind the stereotypical difficulties between mothers-in-law and daughters-in-law, while Ellen described the care she took to communicate sensitively with her daughter-in-law.

M: The four parents that I have for my grandchildren, I couldn't ask for better... just think if you didn't feel that way. You know, when you hear mothers saying about their daughter-in-law, oh, do you know? Do you know what she does? And you know, it must be dreadful.

(Myra, Group 2)

If I see anything with her, I would say to my *daughter-in-law*, I've noticed (yes) she's doing this or she's doing that so she can watch for it too or I'd say to you (Mary) to see if it's going to be a problem or if it's just – mostly it's just been wee insignificant things that I would mention, when she's in my care if I've noticed something... She's eating well, she's not eating well .... It's important because she's out every day...

(Ellen, Group 1)

Marie and Liz were very aware that they could not just assume that they would take a mother's place and needed to exercise some tact.

I know as a daughter I would listen to my Mum. But I didn't have a mother-in-law. Ever. But... I think there is the mother-in-law daughter-in-law, it's slightly different... She does ask [for advice] occasionally...

(Liz, Group 2)

It's my daughter-in-law... I know she - they both really appreciate what I do but sometimes because it's not your own daughter you're a little bit, even more guarded about coming out with advice, although I mean we do get on very well, and as I say I know she appreciates what I do because she hasn't got any, her mum around any longer, so actually I'm quite glad that I'm here.

(Marie, Group 4).



Consistent with their willingness to share experience and expertise was the view that the first source of advice about care of their grandchildren would be the parents, followed by other family members and peers, before health or childcare professionals.

C: Firstly I would just ask the mum and dad... I'd ask what they want to do then if they don't know I would maybe ask another family member, the health visitor...

E: I'd go to the family first

M: I would, definitely, yes, start off with them, the parents, we talk among ourselves sometimes (yes)

E: And you would go to your sister and I'd go to my sister-in-law

M: Sister yes, I would definitely go to my sister

C: I would just bat it off family members and that as well.

(Claire, Ellen and Mary, Group 1)

This preference, however, was in the full knowledge that their children would likely rely on professional and online sources. Although the advice might not necessarily be consistent with the grandparents' own views or experience or be considered helpful by them, nevertheless they clearly valued and encouraged interactions and collaborative problem-solving with their children and children-in-law, in the interests of sustaining good working relationships.

(They ask the) Health Visitor, obviously, midwife, health visitor, if they're coming... but I think the first port-of-call is the internet, they look up things, because if we ever get in conversations about a problem with sleeping or something, then they've usually researched it, they usually say, oh, but I think the advice is to do this way, or do that way...

(Anna, Group 2)

She's thinking that - doesn't eat so much, and eats a lot of fruit and everything, and then her Mum found a thing didn't she on - you know by going, Googling it and everything, the guidelines, and *my granddaughter* eats plenty, it's more likely that little ones are overfed... it's not so much eating too little, it's more eating too much that's the concern, when you look into it as *my daughter* did. So that's all gone out of the window now, she eats what she eats doesn't she...

(Mary, Group 1)

Participants were not, however, complacent about their learning and skills. They were also very aware that their knowledge about children's health and safety, and especially what to do in an emergency, might not be current. They were alert to the need to keep up-to-date themselves with relevant material and advice, so that they could judge when they should be worried and/or take action. Ellen was typical in this respect:

E: Did I tell you, it was in the news today, did you see it? There's been an increase in our age group where they're curious, opening things up, and you know the wee battery that operates the - all the machinery, for their toys and things... That's news, that was on

today's news, about toddlers... If something comes on the television, you look around your house and think oh, no...

(Ellen, Group 1)

## 7.5 Learning with and from grandchildren

Several of the grandparents had professional backgrounds that involved caring for young children, while others had educational, health or social work backgrounds that involved working more with older children and adults. Their knowledge and experience could be assumed to give individuals a variety of perspectives on what they expected of their grandchildren in terms of their learning and development and how to nurture and support them as they grew and changed. However, of more importance seemed to be learning 'on the job',

Laevers (2000), like other early years specialists (see Ch.2.2; Ch.5.4) took the view that for very early learning, domains that played a key role in effective learning were understanding of the physical world; social competence; communicative skills; curiosity; intuition; imagination and creativity; and self-management, bearing obvious similarities to Delors' pillars of learning and DeSeCo's key competencies (Ch.2.4). Laevers concluded that to develop these domains, the context for early learning needed to promote two main outcomes: wellbeing and involvement. Wellbeing kept children in touch with their feelings and emotions and depended on satisfying their needs for tenderness and affection, safety and clarity, social recognition, feelings of competence and finding meaning and moral value in life. Their involvement, seen especially in their concentration, was associated with their exploratory drive and fascination with the things and people around them, often through play.

In respect of how these domains could be developed in practice, the fascinating and meticulous study of observed mother/child interactions reported in the Pilot Programme of the Harvard study of *The Origins of Human Competence* (White, Kaban, and Attanucci, 1979) found that it was not so much what carer knew but what they did that counted. The child's active experience and engagement played a very substantial role in the rate and level of achievement of early linguistic and cognitive abilities: 'live language directed to the child is the most favourable kind of educational experience an infant can have during the 11-16-month period', underpinned by a 'rich social life'. Episodes where the children sought assistance

from an adult, a precursor to 'using an adult as a resource', were also associated with 'very able 3-6-year-olds' (p.146).

More recently, with regard to language and communication in particular, researchers have observed that in high-quality interactions, adults are genuinely interested in what the child is doing, extending children's thoughts and knowledge by listening, responding and engaging in sustained shared thinking. When carers spend time interacting with children in these ways, the children are more likely to learn to speak and use words themselves (Schneider, Keesler and Morlock, 2010; Wall, Litjens and Taguma, 2015). Children who have a larger oral vocabulary at age 2 are thought to have better self-regulation and fewer acting out or anxiety-related problem behaviours at age five (Morgan et al., 2015). Repetition of shared words and phrases is thought to promote understanding and the creation of new meanings with socio-cultural value that become part of an 'endlessly inventive tradition of story-telling' (Trevvarthen & Delafield Butt, 2014).

As these grandparents spoke about their practice, they referred to their ideas about what mattered in children's development, often reflecting those expressed by the researchers above. They also paid close attention to how they could best promote that learning as the children changed and developed: it was clear that they recognized the importance of the active participation of their grandchildren, complemented by their own role in listening, watching, interacting and responding, sharing and building understanding for both of them. All of the participants demonstrated that they were (re)discovering and refining considerable skills of empathy and close observation of their grandchildren, reflecting on past experience and then using their observations to refine and shape their practice. Over the course of the two or three discussions, they showed that they especially noticed quite small and detailed ways in which their grandchildren were gradually developing, checking that their progress was consistent with their expectations and sometimes offering their own theories to explain the changes.

With regard to communication skills, Claire and John noticed how their grandchildren communicated through a combination of sound and gesture:

He is copying a lot more... we were in *a big store* this morning... and then the fans, he spotted the fans, and he sits and goes, 'yeh' cos he knows it's a fan, and the fingers are going round and round and stuff, but I think he's just at that age, he's like a sponge...

(Claire, Group 1)

With my granddaughter... she understands but she's not speaking yet, she's just over two... she can make herself understood though, when she wants something... she's well able for the boys. They used to give her a hard time. It's the other way round now!

(John, Group 5)

Liz and Anna observed how rapidly their grandchildren's language skills were developing and helping them to both communicate better and exercise some control over their own lives:

That's a thing, *my grandson's* language skills... we haven't seen him... at the picnic last week, all these sentences were coming – 'Granny, and I was on an aeroplane, and I was in the sky, and I was on a boat, we were on the water (Suddenly!)... Yes, great long sentences...

(Liz, Group 2)

She didn't want help with shoes... she had to do it, and then you maybe had to tighten them a little bit, she had to do everything... So that came out very strongly. That's actually eased off a wee bit, I think that was maybe... maybe a sort of compensation for not quite having the advanced language skills, as she's talked more... so I think that's how she can control situations with language, in terms of telling you what she wants to do. When she was younger it had to be more actions.

(Anna, Group 2)

Irene, whose grandchild had been slow to learn to talk and was seeing a speech therapist, had been able to provide reassurance on the basis of having noticed a wide variation amongst toddlers in reaching milestones and several possible explanations for relatively late development. Her view that the child would catch up had now been confirmed, reducing the family's anxiety and increasing her own confidence.

[My grandson's] been quite slow in speaking... and I was just sort of checking how he is against other children, so he's actually had help with speech therapy... I think when a lot of people are saying, 'oh, mine are talking' ... But he's coming up for three in April, and you're thinking, 'Why is he not speaking?'... it was just sounds he was making, but it was just to sort of let everyone aware, and they're saying 'yes that's fine, boys are slower'... you feel a bit better... rather than thinking, what's going on here?

(Irene, Group 4)

Participants in Group 2, along with Irene in Group 4, discussed perceived stereotypical differences between boys and girls in the way their communication and thinking skills were developing, at the same time recognizing that their views might be considered outdated or politically incorrect and being open to alternative perspectives:

A: *My granddaughter's* at the stage where she sees all these puddles and says mm, I'd have to go back and get my wellies. It's quite nice they understand...

M: I think a girl would do that, a boy wouldn't bother!... A girl would think... and, well I know that's a gender thing but I, that's what I see (maybe) (that's right). That's what I see (yes.).

(Anna and Myra, Group 2)

M: My daughter says that when *my granddaughter* goes home, she just tells her Mum all that we've done that day...

A: I then, I mean, you get a little bit, but now they're wanting to say, Oh, I did this with granny, I did that with granny.

L: I didn't get that from the boys. I never knew what they did at school... And I think that's maybe a gender thing...

A: But your grandson liked telling you things he'd been doing (yes, yes).

(Anna, Myra and Liz, Group 2)

As well as a concern for the children's communication and language skills, their various contributions also indicated that they had come to understand the importance of their grandchildren's confidence, independence, curiosity and interest in the world, and the importance of a secure and loving environment in fostering these attributes. Sheila recognised that thinking about childcare had changed recently in these respects:

I've learned different from bringing up my older two to my youngest son, because he always thought that things had to be so strict, and regimented at times... but it's not really like that, the children nowadays, I think, they do learn more through relaxed play, and they take it and they absorb it better, instead of it always being a rigid routine, and I think the outdoors is a great thing for children to learn, and different ways of life... Everything's new, every day...

(Sheila, Group 4)

A number of the contributions also related to children's behaviour, as they gradually learned more about the world, made connections and became more independent, not always a comfortable process for carers. The grandparents recognised the challenges of dealing with the toddlers' more difficult stages and the tension between encouraging independence and ensuring their safety, while learning also how to navigate any differences of opinion with the parents.

At the moment, *my grandson*, he's just two... [is] going through the tantrum stages and you can't really take him very far, because he's too heavy now for me to keep on lifting, and if he goes in a tantrum he goes on the floor, and you try to pick him up, and as soon as you pick him up he goes down again, and up and down and up and down, you know, or he starts screaming, or he won't sit if you take him somewhere, so you're tied quite a lot to the house, or going for walks...

(Irene, Group 4)

We don't have her on the reins any more, cos *my daughter* wants her to learn to stay by us, stay within sight, hold hands, do as she's told. Her latest thing now is, 'Stop, stop Grandma, look, listen and cross'. She keeps doing it, we can be anywhere, in the middle of a park or anything, stop look... But I'm trying to, I'm saying to her, you know, would you perhaps better put her on the rein, and she said, 'No, I want her - I want her to learn this'.

(Mary, Group 1)

Anna described her approach to calming grandchildren down when things got difficult, using her growing understanding of her granddaughter's preferences:

It's quite nice... when the times are getting a little bit hyper or a little bit over-tired and they love books, so rather than say, right we'll stop doing that and do this instead, which they don't want to do, because they want to run around and look at that video, or whatever they're doing, then you can say 'Why don't we read some stories?' because that always is enough to distract them and give them a little bit of time. Because they just like love that time, don't they?

(Anna, Group 2)

Showing some empathy for her granddaughter's perspective, Mary had concluded that less cooperative or more emotional behaviour might have an explanation relating to the grandchildren's development:

It's their emotions, they've got no control over them at all, I feel so sorry for them... We went to the [shopping centre] just looking for spectacles for *my daughter*, and *my granddaughter* was terrible. Why they have so many of these rides... she was really running from one to the other... wanting to be on them and clamber over them, and she did throw herself on the floor at one time... I just felt really sorry for her, I thought in all this space here, and it's so big a space, she wanted to run up and down it... it would be nice if it was safe to let her run.

(Mary, Group 1)

Participants also indicated that they often did things with their grandchildren that they judged would appeal to both parties and involve reciprocal learning. Myra had a personal interest in art and design, while Mark and James shared an interest in gardening. Their approaches to caring reflected their developing understanding of the importance of promoting sustained shared thinking and activity as well as their genuine interest in their grandchildren's learning from them.

*My granddaughter* wasn't into drawing for a long while. And now she just loves to draw and I'll suggest things, like she'll draw flowers, that actually do look like flowers. I said, would it have a centre? And she went, what colour would it be Granny? What colour do you think? Yellow, yeah, and there it was...I can't believe (she's) done that... they've just come on, so much.

(Myra, Group 2)

M: it's like *my grandson*, going into *the shop* getting raspberries... It's just, where raspberries come from, they come from a plastic packet...

J: Aye, my granddaughter, she had to taste after playgroup... the garden produce, so she'd to go round (the shop)... picking blueberries, plums... it's a revelation to her that this is where they come from!

(Mark and James, Group 3)

John also described how he had become much more aware as a grandparent than he had been as a parent of the importance of reciprocity in communication with his grandchildren.

Communication... is something that I'm... quite interested in anyway, but again, it was something that I never really spent a lot of time with my own kids, communicating - shouting at them, telling them what to do, and if they didn't do it then I'd give them a row.

With my grandchildren, I reason with them I give them the chance to say why they don't want to do things...

(John, Group 5)

He also described how he had recently judged his grandchildren would enjoy visiting the museum, making the point that he had come to recognise a responsibility to extend their experience as well as gaining considerable personal satisfaction from the shared experience.

I'd never have dreamt of taking them to the museum a year ago, you know, but they were all over the place, you need eyes in the back of your head, it's just 'oh, wow!'. It's just a joy to see their response to that... I try and enhance their experience, I think that's really an important part of my care of them...

(John, Group 5)

Their grandchildren's use of ICT devices preoccupied many of the participants, who talked about guiding rather than avoiding watching TV or playing with a tablet or mobile phone. Myra described her approach to TV with her granddaughter:

Sometimes about half past four I'll put on the TV, half an hour before tea, nothing wrong with it, but, that is usually if you've had a day where it's been very wet, and... I also found that happened more when she was little. Now that she's older, she's away drawing or whatever...

(Myra, Group 2)

A discussion in Group 1 led by Claire, with interjections from Mary and Ellen, more or less summed up their attitude, as they agreed that the technology was a given and their job was to encourage its responsible use, at the same time learning with and from their grandchildren about its role in their lives:

C: I actually had that debate with my nieces' Papa, 'They're always on that tablet, take that tablet off him'. I says, 'did you still have a slate and chalk when you were at school?' (Yes!) 'No, we progressed to paper and pen'. I says, 'well they have progressed...' (This is how they have progressed). I said, 'it's not the tablet, it's the length of time you leave them (yes, exactly) on it' (yes, and, and...) It's just when it overtakes their life, (yes) then that's fine, I says, 'but come into the real world' - even *my grandson*! I take my phone, (that's it, I know) and start (and start - they do!) I just love it, these wee chubby fingers, (I know!) him and my niece, and they're just like that (like this). My niece finds - I means she's three, and she comes up with stuff like that. 'How did you find that? Will you show me?' (I know!) I've no idea!

(Mary, Ellen and Claire, Group 1)

## 7.6 Learning in communities of practice

The participants' contributions to the various discussions over the course of the study suggested that the family and social practice communities they belonged to might be especially supportive of the kinds of learning they were experiencing. For



Wenger (2010), their interactions in a practice community would involve them in active engagement in conversations and reflections, negotiating meaning and using imagination to construct and use memories, events, stories and relationships to see themselves from other perspectives. They would be enabled to reflect on their own situation; explore new possibilities for the future; and develop their understanding of how they 'belonged'. He also suggested that through their interactions they would continuously create and recreate a distinctive 'regime of competence' in grandparent-care, learning about the best ways of doing things, and why particular aspects of their role were important, in an environment that accommodated all members' contributions and incorporated new learning into its routine activities (p.180). Wenger summed up the learning process as socio-cultural interactions between the learner and an immediate situation, a form of 'social negotiation' (James and Lewis, 2012).

Specifically with reference to families, Pring (2004) described them as communities of learners, including previous generations, where all individuals, across generations, learned by drawing on public understandings and accounts of what others had made of similar experiences and taking them into their personal, private sphere: communities built meaning generation after generation, and each new generation learned in this particular cultural context. Phillips (1995) concluded that in the context of families, the process of creating knowledge was rational, carried out according to rules and criteria that were consciously held within the group and constructed by social processes, and thus influenced by power relations. These shifts of power between generations seemed likely to affect grandparents' self-esteem, sense of self-worth, identity and motivation in their new and developing role, as they negotiated the transition from the role of parent to grandparent and from one generation in the family to another.

Wenger (2010) also held that each practice community sat within a wider 'landscape' of communities and that in a lifetime, individuals might encounter many communities, each with distinct practices, identifying strongly with some and not at all with others. He saw individuals as moving in and out of interrelated communities of practice and their identities with a particular community and its practices as a complex relationship between the social and the personal, where 'the social and the individual constitute each other' (p.179); each individual would decide how to



contribute to a particular community's capability as a personal, moral responsibility. The present study was deliberately designed to create new practice communities of peers, both as a way of eliciting relevant views and experiences from the grandparents and also as a means of exploring whether and how they engaged with the new community to extend their learning about how to be a competent grandparent, to their own and the community's benefit.

One of the main ways in which the grandparents learned from each other about their role as grandparents was by telling stories, sometimes self-deprecating but always entertaining to their peers and capturing something of their perceptions of their status, relationships and identity within their families. Jonassen (1998) considered stories to be natural means for conveying authentic ideas and relevant cases as points of reference (with 'authentic' meaning simply personally relevant or interesting to the learner). She found that related stories could scaffold (or supplant) memory by providing representations of experiences and provide referents for comparison. Atkinson (2007) observed that story-telling was a natural way for people to communicate about their lives:

We are a storytelling species. Storytelling is in our blood. We think in story form, speak in story form, and bring meaning to our lives through story. Our life stories connect us to our roots, give us direction, validate our own experience, and restore value to our lives (p. 224).

The group members were respectful of each other from the start, whether they knew each other or not; as the discussions unfolded, they used their stories with some skill to develop and consolidate group relationships, helping to build confidence and trust amongst participants, especially where humour and laughter were involved, while at the same time recognising the importance of a shared family culture for their grandchildren. The two that follow are amongst my personal favourites.

I have to tell you, they found a mole in the garden, and they actually saw the earth moving, so the mole was there, and then Grandy came along, and he jumped on it! So then everyone was getting told this story, the mole was in the tunnel and Grandy jumped on it! (Laughter)... 'This is what you do...' (Laughter) So they went round jumping on all the mole-hills they could find! (You see, my Dad was a mole-catcher, so that is what we were brought up to do, probably)... Moles are not great... (Moles are not good things, not really good)... So I think everybody at nursery has been told, 'Grandy jumped on a mole'!  
(Liz (and Myra), Group 2)

When I took *my grandson* to the park the other week, to play football, and he says, 'right, Granny, you be the goalkeeper'. 'Right, fine'... and I was standing right in the middle, and... he was saying to me, 'oh, no, no, move, move to this side, move to that, no, no, no,

that's not the way, you have to fling yourself on the ground, Granny (laughter)... you have to jump and fall on the floor!' (laughter)... 'Ay, right', I says, 'if Granny does that, you'll never get me up!... I was telling *my son*... your wee laddie thinks I'm twenty years old or something... 'Come on! Let's do it, Granny, come on!'

(Pat, Group 4)

From observation of the participants' discussions, there were also many examples of the members of the groups building consensus and theories about their practice, bringing insights from their experience. Mary, Ellen and Claire had discussed technology (above) in this way. Anna, Myra and Liz reflected on why their grandchildren might be happy to be left in their care overnight, at the same time affirming and supporting each other's skill in creating a climate of trust within their families.

L: I think it was more about the parents, they were more concerned about leaving their child and going away for a night rather than the child being upset to stay with Granny. I mean it's 'bye bye Mummy, bye-bye Daddy ... I don't know if that comes from going to nursery, and he knows his Mummy and his Daddy, they go away every day.

M: Plus he's used to seeing you (yes) you know, on a regular basis, and so you're not strange...

A: But then that's the whole sort of ethos you've created about being a Granny, and you're secure, and they feel happy with you, so that is transferred into a house ... you'll still be there so they'll still have that wellbeing...

(Liz, Myra and Anna, Group 2)

Mark, James and Greg negotiated around a grandparent's discretion to adapt their children's 'rules' to their own preferences; Robert and John agreed that grandparents (and grandmothers in particular) should take care about giving in to their grandchildren's demands.

M: *My son and daughter-in-law* are very... rigid in their timing. *My grandson* has his bath at half-past six... when he was up with us he didn't have his bath at half-past six. I would be more flexible I think.

J: I think that's... quite an important point in being a grandparent as well, that actually it's not your rules any more... you have to fit in with your parental rules, because you can't really allow them to play one off against the other. And it's tempting to want to be the good guy all the time, but you can't... you have to say 'no'.

G: But there are certain things you can be flexible about...

(Mark, James and Greg, Group 3)

R: I agree with that... my wife can give in sometimes, and I often say to her, that's the wrong thing to do, to give in to them.

J: And you're just showing them how it can be achieved!

R: She's a typical grandmother, a grandmother will always give in to the kids, but I think there's a limit...

(Robert and John, Group 5)

Mary and Ellen (mother and mother-in-law, sharing the care) proposed their own theories about extended families and their role in communities.

E: ... it's just this new generation are all different, because when we were young it was extended families, and they were all roundabout... and there was always somebody there for the children...

M: Because I had no extended family, we'd moved out of the area, my sister moved out of the area, we were the beginning of scattering, and it's gone on from there... I think we were the first scatterers! We've come to value more traditional aspects may be of being involved because it's, I don't know about you but it doesn't seem to matter so much what you ever did in your professional life, what it boils down to is what you've done for those that you love, and who love you back. I know it sounds a bit twee!

(Ellen and Mary, Group 1)

## 7.7 Learning or not? Feedback from participants

Participants in Groups 1 and 2 asked to provide feedback about the benefits and disadvantages of contributing to the study in self-managed groups rather than being interviewed individually. Wenger (2010) warned that an individual's capacity to maintain a sense of agency by adopting and adapting identities and behaviours to a particular community might be difficult to achieve and may generate tensions and instabilities within the communities in which they participate. Griggs et al. (2010) considered that these tensions were likely to be continually negotiated but never fully resolved. Although they may not always have agreed, there was little evidence in these grandparents' exchanges of such tensions and instabilities, perhaps because of the composition of the groups and their shared motivation and focus. Participants from both groups remarked on the importance of the composition of their group in determining the nature of its exchanges. Anna, Liz and Myra in Group 2 were very much aware of the advantages for them all of having family and friendship links, so that they felt more able to talk freely about their experiences, knowing that they would likely share similar views and attitudes. Anna summed this up:

I suppose it generally helped because I knew Liz, because I knew immediately I was going in, that you know, Liz and I had got on for a long time, and we had talked about grandchildren before, so I knew that that would be ok... I don't really know Moira to chat about... but then she knew Lillian...

(Anna, Feedback)

Mary's group started as a pair who lived in the same community area and attended the same playgroup but did not previously know each other. In the event this didn't prove to be a problem, since the two of them came to know and respect each other's perspective, even though they probably would not continue the relationship

beyond the duration of the study. The other member of the group, who joined for the third and final discussion after reading the transcripts of the first two, was Mary's daughter's mother-in-law, whom Mary considered to be part of her extended family.

I'm not saying that this is the case with our group, but you may not be as open and as honest as you might be, were it one-to-one, because it may be harder to say things that you would have no problem with in a one-to-one situation. But you might feel wary of saying it in somebody else's hearing.

(Mary, Feedback)

For Liz in particular, as my own daughter's mother-in-law, the relationship might have been tricky in either group or interview context.

L: I would have been very nervous with a one-to-one interview, yes, even with you.

R: Yes, but... I felt that it was a little bit tricky because... I didn't want it to feel awkward for you, but in the end in fact... it didn't feel as though you felt awkward.

L: No, no, it wasn't awkward, no.

(Liz & Researcher, Feedback)

Mary and Myra were also aware of the differences in my role as researcher in relation to themselves in an interview or group situation:

An interview can be more stilted, well I mean a one-to-one might be more stilted, because the interviewer isn't able to engage in the conversation in quite the same way.

(Mary, Feedback)

I think if it was very much a straightforward interview and you were, you know, very serious, taking notes and things – then you know... it wouldn't be so – such a thought - it would be more of a thought to go back to another one... 'I'm going to an interview', rather than 'Oh, I'm going for a fun chat, cup of coffee, and get to talk about grandchildren all together' ...

(Anna, Feedback)

Myra recognized that though challenging, my own role in the discussions as a 'liminal participant', might have had the effect of encouraging and empowering the participants to exchange their own views, rather than deferring to the researcher as 'expert':

[Not directly participating] must have been the hardest bit, I think, for you... because you listened and didn't partake in the conversation once you gave us the questions, I think that was probably a good thing, because I think it would have been very tempting for you to put, well I think this, and I think that, you know, and then we probably would have listened to you, rather than each other... I think that maybe another person would do that and then I don't think you would have maybe got as much as you did from us.

(Myra, Feedback)

Anna and Myra both went on to suggest that a socially homogeneous group would have the disadvantage from a research perspective of providing less diverse information than a more heterogeneous group, which would likely affect the group

dynamic and the way participants chose to communicate with each other. Myra explained:

I think that we're all very similar in the way that we respond to our grandchildren... we were all so excited to be grandparents... so we all had similar stories to tell. I think if there had been one in the group that was the opposite, then that might have been more difficult to deal with, because... I wouldn't have wanted to be as positive, because maybe the person wasn't having as good a time with their grandchildren as I was... I would have felt a bit upset for the person, really.

(Myra, Feedback)

If there'd been somebody there that, for instance, maybe a very much younger grandmother, you know, that was maybe on their own, and hadn't that much money, and her family hadn't that much money - I'm not just using money, but a totally different background, an inner-city one... a totally different outlook on things, I think that could have been interesting as well.

(Anna, Feedback)

Mary had experience of attending playgroups where parents of their children's generation also brought their babies and toddlers. During the discussions with Claire she had noted that communicating across generations with whom they had less in common outside the family was much more difficult than with their peers or family members:

It's hard to break into a conversation about sleeping patterns or feeding or – the girls on Wednesday were talking about some experiences they'd had with parents... Now I've got lots of things I could have chipped in there... But I couldn't – I just thought, 'just leave it!'. And you know I'm not behind the door - I would have done if I could and I couldn't. So I think it might be nice to be amongst your peer-group sometimes.

(Mary, Group 1)

James (2008) made the point that in the dialogue and interaction of evaluative, reflective conversations, participants should be able to deepen their understanding of what 'counts' for the community, learning through participation and engaging with its purpose to explore their experiences, rather than as 'subjects'. Both as part of the discussions and during individual feedback, the grandparents talked about the ways in which they felt they had learned and gained from the experience. Anna described how she became more engaged with each successive discussion, suggesting the benefits of extended involvement:

[the] first one, you didn't know what you were expecting. I looked forward to coming to the other ones, just a nice chance to chat about grandchildren, and find out what other people were doing, pick up ideas as well...

(Anna, Feedback)

Mary, and Liz mentioned the opportunity a group provided for learning from others about their role, and how the views of their peers prompted fresh thinking and reflection:

I think advantages of being in a group are things like sparking off each other, so that... one thing leads to another, and you remember things that you may not otherwise have thought of as relevant, because you're hearing something from somebody else.

(Mary, Feedback)

I enjoyed it, and I think being part of the group for me was better than being an individual. There were lots of things that I thought oh, I should have said, I should have said, when somebody else says something it makes you think, it kind of prompts you, you know, it makes you come up with ideas... I think it was... a good way of doing it... Getting a group of people to speak about their grandchildren, I mean there's nothing difficult about it!

(Liz, Feedback)

Anna added that talking with others had provided her with reassurance that her own approaches were acceptably competent.

You're chatting to other people occasionally about the things that you're doing, you're not analysing what you're doing as a grandparent, whereas I suppose it gave you a chance to analyse what you were doing about a grandparent, and I suppose it reinforced to me that I was doing ok...

(Anna, Feedback)

Liz and Mary both talked about the way in which they had made personal connections, taking away using insights they had gained about caring for their grandchildren in other parts of their lives, Liz in caring for her elderly mother and Mary in her Yoga studies. Mary quite neatly made the case that like Yoga, caring for a grandchild made a positive contribution to her health and wellbeing.

Mum still wants to live on her own... I got one of these glow clocks for her in the morning, because she was getting up far too early, I mean it was midnight, maybe two o'clock, and that would be her up for the day, so I mean it's a bit like with *my grandson*, 'wait until the sun comes up! And then you can get out of bed!'

(Liz, Feedback)

I felt there is a connection... through the yoga courses I've done... part of the module was about health and wellbeing, and mental health... some research that had been carried out... The conclusion is that there are five main aspects that help you to maintain health and wellbeing, including good mental health, and general wellbeing, and what struck me was... these five things, you do them all when you're with your grandchild...

(Mary, Feedback)

## 7.8 Key findings and discussion

### *Key findings*

- Participants thought of themselves as learning and despite some initial concerns about their capacity to learn new ways of doing things, were well-motivated to learn to be effective family carers and confident that they could do so.
- The grandparents' personal histories were a key source of ideas about how to be family and care for children. They were adept at reflecting on their past experiences as children and parents and adapting them to current circumstances.
- Those participants who as children had been part of an extended family with grandparents, were keen to build and nurture similar extended family networks and pass on experience and skills, especially practical skills, providing continuity in family history and culture.

Those participants who had experience of their own grandparents described both positive and less positive recollections, noting the differences in attitudes towards grandparents and the kinds of family relationships with them that characterised their childhoods compared with the present day. In the main, their relationships with their grandparents had been respectful and sometimes affectionate, but not close or reciprocal in the contemporary sense. Some participants had been part of extended families where grandparents were an integral part of family life and had supported family members in times of difficulty. They appreciated their grandparents' contributions and seemed keen to build and nurture similar extended family networks with their own children and grandchildren, providing continuity in family history and culture.

Looking to the future, participants wanted to be remembered positively by their grandchildren, sometimes for the kinds of things they had experienced, or would have like to have experienced, with their own grandparents. Both grandmothers and grandfathers described learning and practising practical skills with their own grandparents as especially memorable. At first sight, these reflections might be seen to exemplify some differences between them, eventually influencing their approaches to caring for their own grandchildren in different ways. However, the



differences lay more in the kinds of skills referred to rather than the childcare practices they valued. Both grandmothers and grandfathers valued spending time sharing and developing practical skills with their grandchildren, based on what they saw as their own preferences and expertise.

Participants also referred to their experience as parents as a point of reference for developing their own practice. They described how they had come to the role unprepared for its impact on their lives, reflecting on the extent to which their personal experience and family relationships were similar or different from those of their children, and which they valued and would like to emulate. Several of the grandmothers talked about the support they had had from their own parents, offering practical and/or financial help and support, while at the same time being careful to respect their children's independence. For some, neighbours and friends had helped out in the absence of parents, suggesting a sense of solidarity and mutual support in their social circles and communities. Some expressed regret and even guilt at the impact of their own experiences on their children, attributing their decision to care for their grandchildren partly to a desire to make up for their shortcomings. Those without family or local support thought their children might have missed out on a significant experience of non-parent 'significant others' in their family lives.

- Within their family practice communities, participants encouraged and valued interactions and collaborative problem-solving with their grandchild's parents. They worked hard to establish respectful relationships, agree boundaries for their practice and the children's behaviour, provide feedback and adapt their approaches flexibly to change and growth. They also acknowledged gaps in their knowledge about childcare and took steps to fill them.

With regard to learning with and from their children and children-in-law about childcare practice, the grandparents clearly valued and encouraged interactions and collaborative problem-solving. They typically recognized the importance of talking with them and providing feedback about their day-to-day caring experiences, taking trouble to establish respectful relationships with them and giving them their place as the grandchild's parents and first source of advice about care. They recognized that the parent-child relationship between them would affect their discussions and were careful to set clear agreed boundaries and adapt their approaches flexibly,



especially if they were considering any challenge to the parents' views. They were also very aware that their knowledge about childcare might not be current. They seemed to acknowledge that as parents, they had not had access to the extent and variety of childcare advice available to their children, in books and especially online, and were not in a position to compete with it.

- These grandparents wanted the best for their grandchildren, especially encouraging their confidence and independence. They brought learning about children's wellbeing and development from previous experience and also learned about them continuously as part of their on-going day-to-day practice, through close observation, reciprocal relationships and interactions in shared activities.

The grandparents' existing knowledge and experience seemed to have given them a variety of perspectives on what to expect and how to nurture and support their grandchildren as they grew and changed, starting from an admiration and respect for their skills and attributes and wanting the best for them. All the grandparents, whatever their backgrounds, seemed to recognise the importance for their grandchildren's learning and wellbeing of play, spoken language, stories and above all warm, reciprocal relationships. They planned activities to accommodate both their grandchildren's and their own preferences, concerned to protect their dedicated one-to-one time to do things together. They seemed to have developed considerable skills of close observation of their grandchildren, making comparisons with other family members, looking for continuities in characteristics and coming to explanations for children's behaviour through shared experiences. They also seemed well able to use their observations to extend the children's experience and understanding of the world. They noticed and nurtured their grandchildren's developing language, communication, creative and physical skills and developing autonomy, recognising the challenges of dealing with more difficult stages and the tension between encouraging independence and safety. They also acknowledged that social media and technology were a given for their grandchildren and their role was to understand and encourage its responsible use. They were, however, alert to the need to keep up-to-date with relevant material about children's health and safety in the news media, books and on-line.

- It was evident from the grandparents' comments on their participation in their families as communities, and in the study's focus groups, that they were actively

learning with and from one another, clearly reflecting current theories about constructed, situated, self-managed and collaborative learning in communities of practice.

Over the course of the study's discussions, participants' accounts of their relationships and interactions with their children and grandchildren indicated that family members were learning reciprocally with and from one another. The exchanges observed in the new practice communities created for the study provided further evidence that grandparent-carers benefited from such an arrangement to support their learning and practice. Given the opportunity and place to meet, they readily managed their own discussions, bringing their experiences from their family settings, exchanging ideas about how to deal with the complex relationships that were at the forefront of their minds in their role from day-to-day, without needing externally provided facilitation or agendas. In the study's discussions, they proved respectful of each other from the start, gradually establishing distinctive roles within their groups. One of the main ways in which they communicated was by telling stories, often with skill and humour, effectively communicating their experiences while at the same time building and consolidating the relationships amongst the group's members and building consensus about effective practice. They also periodically proposed theories and explanations for their own, their children's and their grandchildren's behaviour. From the feedback provided, there was evidence that taking part in the group had prompted participants to reflect on their own thinking and make personal connections between the insights they had gained about caring for their grandchildren to other parts of their lives, across practice communities.

### *Engagement in learning*

Deakin Crick and Goldspink (2014) cited the Paul Hamlyn Foundation and Innovation Unit's (2011) four principles of 'deep engagement' in learning, all demonstrated in these grandparents' discussions. They described engagement as relevant and connected to family and community; purposeful, absorbing the learner in actions of practical or intellectual significance, fostering a sense of value and agency; able to be prolonged through independent (and interdependent) informal learning; and principled, appealing to the learner's passions or moral purpose. By these principles, the participants in this study and the members of their families

were deeply engaged in learning, developing knowledge, skills and understandings that would be likely to promote their family and community relationships, health and wellbeing, sense of belonging and identity.

### *Learning about caring*

We seem to live in a world where 'parenting' advice is focused on the baby and often expressed as a set of rules relating to infant and child care, sometimes lead to feelings of failure and inadequacy on the part of the parent. In her recent book about child-rearing, Gopnik (2016) points out that 'parenting' is a relatively recent invention that has transformed childcare into what she regards as a controlling, goal-oriented practice aimed at designing and shaping children in a particular way, as a carpenter might. She argues that caring about and for our children is part of what makes us human, but we need to do so by creating a secure, loving environment where they can grow and become themselves as unique individuals, as a gardener might, without preconceived ideas about what they should be. Thinking about the grandparents' views, they seemed to regard their own advice and support not so much in competition with more professional advice, but more as reassurance to the parents that most difficulties would resolve themselves with time and patience. Although they did not express explicit reservations about professional and online advice, had they been asked they might have agreed with Gopnik's view: based on their comments in sections 5.8 and 7.5, their advice might have been to get to know your own child intimately and respond directly to her/his needs accordingly, rather than a 'one size fits all' approach (see also Leach, 2010).

### *Learning collaboratively*

Trevarthen & Delafield Butt (2014) observe that children seek affectionate responses and the shared pleasure of doing and knowing things with companions, imitating their own and others' actions, with new experiences making contributions to a family's 'cultural learning' (see Ch.4.4). Furthermore, a small child's willingness to be a partner in collaborative tasks is thought to change the carer's response and communication, with the baby prompting important developments in companionship (Blakemore and Frith, 2005). The grandparents' inclusive language suggested the extent to which they enjoyed doing things together with, rather than to or for, their grandchildren. It seems likely that their own wellbeing and pleasure in the role was

inextricably bound up in their grandchildren's wellbeing, so that their fascination with the detail of their grandchildren's development and their investment in the quality of the care they provided was in best interests of their own learning as well as their grandchild's, as they provided 'a source of pleasure, interest and joy in accomplishment shared that stimulates and revitalises families and communities' (Trevarthen et al., 2003, p.6).

### *Reciprocal learning*

Mathers et al. (2014) identified four key dimensions of good quality pedagogy for children under three: stable relationships and interactions with sensitive and responsive adults; a focus on play-based activities and routines which allow children to take the lead in their own learning; support for communication and language; and opportunities to move and be physically active. Arpino & Bordone (2014) recently argued that grandparental childcare was similarly a social activity with both a social (social interaction) and a developmental (intellectual and creative activities) component and that caring might therefore be beneficial for grandparents' cognitive functioning. They observed that childcare had both a downward and an upward transfer: on the one side, grandparents invested time and resources in their grandchildren, whereas on the other side, grandchildren were an important (emotional) resource for grandparents. They anticipated that providing grandparental child care might have a positive effect on preserving abilities that grandparents had accumulated through learning and experience during their lifetimes: verbal fluency, for example, was measurably higher among both grandmothers and grandfathers who provided childcare and the effect was generally stronger when the provision of childcare was higher. These various aspects reflect the characteristics of lifelong learning and 'Learning to Be' outlined by UNESCO, de Corte, Istace and others (Ch.2.4). Istace (2015) argued that retirement was a time when 'learning to be' should be central, and that there were parallels to be drawn with learning in early childhood. From the participant grandparents' perspective, the impact of care on developing these dimensions of learning could be taken as reciprocal, with both grandparents and grandchildren learning from the ongoing process and reciprocal experiences of caring and being cared for.

*Caring as learning in communities of practice*

With regard to learning in practice communities, Morgan (2011) found that family practices continued to be important for most people throughout their lives, most of the time. He found that over the life-course, families negotiated their respective responsibilities to one another, more or less adapting to changing circumstances, with each new generation learning in that particular cultural context. He suggested that through active engagement and discourse, practices and relationships would be openly negotiated, called to account and justified, especially when the context changed, as with the arrival of a grandchild; children, children-in-law and grandchildren would influence grandparents' relationships and practices interactively, with (at least) three generations involved.

There has been a considerable recent interest in social identity and the specific role that group memberships (and the social identities associated with them) play in determining people's health and well-being (Haslam et al., 2009). Cacioppo & Patrick's (2008) research into the impact of isolation and loneliness on physical and mental health demonstrated how the social context could disrupt perceptions, behaviour, and physiology. They concluded that social cooperation was humanity's defining characteristic, benefiting both individuals and society. For Wenger, learning as social participation was a primary focus: the individual was an active participant in the practices of social communities, and through these practices in the construction of her/his identity (Wenger, 2010). He held that power relationships, and the transfer of power between generations, affected self-esteem, a sense of self-worth, identity and motivation, and thus wellbeing.

Istance (2015) cites Luppi (2009) as considering role loss after retirement and changes to family life to be a key problem of old age. 'Learning as becoming' was held by Istance to be central to how people change and engage in processes of construction and reconstruction of meaning and identity. In his view caring as a learning process would have a number of important associated characteristics that would benefit the grandparent as a learner. It would help to revitalise their lapsed knowledge and skills; it would make active use of their free time; it would be a new role for them, different from those of the past; it would encourage their participation in the social life of the community (Istance, 2015, p. 230). For these grandparents, as they negotiated the shift from the role of parent to grandparent and from one

generation in the family to another, establishing a new identity and place in their families, the process had all of these characteristics. Their clear sense of purpose and positive attitudes to their role suggested that they were indeed learning successfully in their family and community settings, with benefits for three generations of family members.

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This chapter, together with Chapters 5 and 6, completes the account of the grandparents' discussions, shedding some light on to their experiences of caring for their grandchildren. Chapter 8 will consider these findings in the light of the wider context described in Chapter 2, suggesting some steps that could be taken to support grandparent-carers in the future.



## **PART 4: FINDINGS AND IMPLICATIONS FOR POLICY AND PRACTICE**

### **Chapter 8**

#### **Discussion, conclusions and next steps**

##### **8.1 Taking a step back: reflexivity and limitations**

###### *Reflexivity*

In embarking on this study in 2012, I was aware that much of the available information about grandparent-care in the UK came from analysis of large-scale data sets (Chapter 2). While in the intervening years interest in the increasing numbers of grandparent-carers has grown and more qualitative information had become available, nevertheless there was relatively little published about the grandparents' perspective, the emphasis mainly being on the effects of informal family care on the grandchildren and their parents. A small-scale qualitative study to explore the views of a small number of Scottish grandparent-carers in in depth therefore seemed worthwhile.

A significant limitation of such a study was that my own distinct individual background and experience would inevitably affect all stages of the research process, from choosing the topic for study to designing and conducting it and analysing and interpreting the data (Ch.1.2). My own experience of grandparent-caring had convinced me that grandparent-care was a positive and enjoyable learning experience, not just about childcare and child development but also about relationships, attitudes and self-management, gained through collaborative learning in practice communities – an active and life-affirming process. I was also aware that the interpretation of the contextual material (Chapter 2) and grandparents' discussions (Chapters 5-7) had been affected by the views shaped by my experience of working in Scottish policy and using research. I have tried to design the study to accommodate my personal contribution, acknowledging that a different (possibly younger) researcher might have reached different conclusions. At the same time, I have recognised that my informed perspective as a grandparent-researcher can be a contribution as well as a limitation, just as the individual experiences of the participant grandparents in their particular family and community settings shaped their views (Ch.7.8)



### *Limitations of the study*

The technical limitations of a small qualitative study in terms of the generalisability of findings are well-recognised (Ch.3.1). The participants eventually recruited could not be called a 'sample' or said to be representative of the many grandparents in Scotland who care for grandchildren of different ages, in different family and community settings; neither did their socio-economic circumstances cover the wide range across Scottish communities. However, the participants did have in common their existing voluntary, unpaid commitment to grandparent-care for children in the years before free pre-school care was available, a time when for many families both parents need or want to work and childcare would otherwise need to be paid for. In the event, although there were differences in emphasis across the five groups, including socio-economic and gender differences, these seemed consistent with research and were more of degree than substance: the plausibility of the findings was strengthened by the considerable degree of consensus amongst participants. What has been possible, within these limitations, is to consider the five groups' discussions as qualitative data alongside evidence from quantitative data that circumscribe the context for grandparent-care, to explore the relationship and synergy amongst them.

## **8.2 Any answers? Research questions revisited**

A first step in considering the study as a whole is to revisit the three original research questions, considering the extent to which the findings are consistent with other evidence considered.

*Why do grandparents commit to caring for a grandchild on a regular basis and how do they experience their role?*

Reviewing participants' contributions in Chapter 5, contrary to the accepted view that parents 'choose' grandparents to care for their children (Ch.2.1), these participants had mostly volunteered to care for their grandchildren and been proactive in making arrangements to do so. They felt responsible for being adaptable and fulfilling their commitment, beyond what a paid carer might do, even though it proved disruptive to their own lives and meant prioritising caring over other commitments and activities. They found the physical aspects of their role demanding, particularly those covering extended hours each week. It was important

that their role was part-time and/or shared; for those who shared the care, the benefits seemed to be both practical and social, in that sharing both reduced stress and help to consolidate relationships with other family carers (Ch.2.3).

Indeed, although these participants recognised that their contribution to the cost and flexibility of childcare was important for their children, their main motivation for caring seemed to be building and nurturing families with their time, companionship and emotional support. They felt they had reached a point when they felt 'ready' to commit to this caring role, at a time of transition and change for all family members. They talked about active participation in their extended families' lives, especially on nurturing relationships across generations: they valued relationships with their grandchildren, as one would expect, but they spoke in particular of their continuing and changing role as parents and nurturing complex and demanding relationships with their own children and children-in-law. For these grandparents, their caring role seemed to be in the best interests of the wellbeing of all the participating members of the family, not least themselves, in that the benefits were reciprocal. The 'intergenerational solidarity' that they were helping to establish and develop had advantages for themselves, their children and their grandchildren (Ch.5.4).

Contributions in Chapter 6 suggest that participants recognised changes in society from when they were parents. They felt that grandparent-care was now generally accepted, but some local communities felt more supportive than others and local attitudes had influenced their decision to provide childcare (Ch.2.1). They also suggested that anxiety about children's safety in recent years had eroded trust in carers, making grandparents as known family members feel like a safer option than other alternatives. Several of the grandparents agreed that a blend of their own informal and more formal nursery care was most beneficial to their grandchildren in the 0-3 years (Ch.2.1). Perhaps unexpectedly, grandfathers involved were generally confident and assertive about their role, although they seemed more sensitive to community attitudes towards them than the grandmothers. The grandfathers recognised that their involvement was a recent phenomenon and that attitudes towards them might be slow to change (Ch.6.1).

*How do grandparents learn and develop their caring role and what are the main influences that shape their practice?*

From contributions in Chapter 7, it was clear that participants thought of themselves as learning to care and, despite some initial concerns about their capacity to learn, were mostly well-motivated and confident, taking steps to fill acknowledged gaps in their knowledge. Their personal histories were a key source of ideas about how to be family and care for children. They were adept at reflecting on their past experiences as children and parents and adapting them to their current circumstances. They brought learning about children's development to their care of grandchildren from previous parenting experience, especially encouraging what Laevers (2000) described as their grandchildren's wellbeing and involvement (Ch.7.5). Those participants who had been part of an extended family with grandparents were keen to build and nurture similar extended family networks and pass on their experience and skills, providing continuity in family history and culture (Ch.7.8).

It was evident from the grandparents' comments on their participation in their families as communities, and in the study's focus groups, that they were actively learning with and from one another, experiencing constructed, situated, self-managed and collaborative learning in communities of practice. They learned about their grandchildren as part of their day-to-day practice, through close observation and interactions in shared activities. They encouraged and valued interactions and collaborative problem-solving with their own children, working hard to establish respectful relationships, agree boundaries for their practice and the children's behaviour, provide feedback and adapt their approaches flexibly to change and growth (Ch.2.4)

In the study's focus groups, the grandparents were respectful of each other from the start, gradually establishing distinctive roles for themselves over the months of fieldwork. They brought experiences from their family settings, exchanging ideas about how to deal with the complex relationships that their role entailed from day-to-day, and sometimes proposing theories and explanations about both caring and learning. Often they communicated by telling stories, with skill and humour, describing their experiences while at the same time effectively communicating something about themselves as grandparent-carers and building and consolidating

the relationships within the group. Their feedback suggested that participation in the study had encouraged them to reflect on their own thinking and make personal connections between the insights they had gained about caring for their grandchildren to other parts of their lives, building their confidence and sense of connectedness to their communities – ‘caring as learning’. (Ch.2.4)

*What kind of encouragement and support might enhance grandparents’ experience and practice of childcare and who might provide it?*

In their discussions in Chapters 6 and 7, the grandparents suggested that support was not about how to look after children: they were resistant to the idea of being told by (younger) professionals how to care for their grandchildren and preferred to access any advice for themselves through family and social networks, as and when they thought they needed it: a ‘helpline’ for grandparents was suggested. There was some interest in provision of local talks or courses about child development. In terms of practical support, in urban areas local facilities for babies and toddlers were appreciated for their range and ‘child-friendliness’, but the grandparents regretted the lack of facilities in some areas and in school holidays. The cost of accessing provision for toddlers was felt to be a barrier to participation by the less affluent. The facilitated community support (Group 4) was providing effective support for the local grandparents who attended, providing practical advice and information, respite and reassurance, and a sense of inclusion and solidarity. Participants generally lacked awareness of any existing state support for their role and felt overlooked, expressing considerable scepticism about the political will in Government to act in their interests and occasionally also suspicion of the competence of local health and learning professionals to do so. They expressed particular concern about the likely impact on grandparent-care of recent changes in retirement and pension arrangements. However, they seemed hopeful that changes in policy might be possible and suggested ways of making them, possibly drawing on arrangements for those caring for older family members (Ch.2.3).

### **8.3 Worth supporting? Planning for the future of family care**

For almost all of the grandparents in this study, grandparent-care was willingly undertaken, enjoyed and beneficial for the individuals’ and families’ physical and mental health, wellbeing and learning, for communities and for the economy, across

generations, for no return other than being appreciated and having a secure place in their families and community networks. In this light, recognising that their views might not be representative, nevertheless they might be well-worth supporting, along with other older family carers.

However, some of the strategies proposed in response to the 'Grey Dawn', based on the idea that older people 'should' be doing and giving more to look after themselves and to benefit and support younger people and the economy (and by implication may not currently be doing), seem quite perverse. The somewhat grudging and even critical tone of much of the UK public rhetoric about older people seems most likely to make practising grandparent and other older carers feel undervalued and even resentful. Putting them under increasing pressure to act simultaneously as workers, tax-payers, volunteers and carers seems likely to reduce rather than improve their physical and mental health, putting them more quickly into the position of needing care from, rather than providing care for, family members and might well get the dry Scottish response of 'Aye, right!' (Ch.2.1)

In Scotland, some of these challenges have been acknowledged in different policy areas and there is much that is positive for grandparent-carers in current thinking, even if economic imperatives tend to dominate the political agenda. Health Scotland have recognised that negative attitudes to older people might affect their wellbeing and have collected relevant information about older family carers, although not grandparent-carers. There is recognition that ways need to be found to help older people to live happier, healthier and more prosperous longer lives, in an effort to prolong the period where they can contribute to their families' wellbeing and postpone the point where they will need family and community social support and eventually full-time professional health and social care. There has been an explicit commitment to ensuring that older people's voices are heard and that they are valued and supported as an asset to society (Ch.2.3). Insofar as grandparent-carers as a group are concerned, recent activity associated with GIRFEC and ELC around professional support for children, parents and families, in principle at least recognises the importance of informal family carers in children's lives, even if the policy does not always seem to be translated into practice by health and learning professionals locally (Ch.2.2).

If more attention could be paid to how policies are implemented, using the growing evidence base, mapping across policies and working in partnership, these different ideas and practices might be better connected and integrated across Government departments and agencies, 'joining the dots' of research, policy and practice. Some ideas about how this might be done are set out in the next sections. These proposals are relevant for all stakeholders: for policy makers; for public and third sector organisations and services; for companies and businesses; and for local community networks, organisations and services, including grandparent-carers themselves.

#### **8.4 Projecting a positive view of active older people and family care**

From a personal perspective, being regarded as a spent force at 70 and a contributory factor in a doomsday economic scenario is not especially encouraging of active community participation. In our culture, informal family care has not traditionally been respected as a worthwhile occupation: the learning, experience and expertise in caring, of generations of women in particular, have been taken for granted and caring's capacity to develop the cognitive, social and emotional skills and capacities promoted as important for social and community cohesion and prosperity, in both carers and cared-for reciprocally, has been largely overlooked (Ch.7.8).

We cannot coerce grandparents into caring for grandchildren; but if we want to capitalise on the enthusiasm and willingness shown by those already practising, then it would be wise to project a positive view of active older people to younger generations, signalling that they can be an asset to be respected for their considerable contribution, rather than a burden on society and the public purse. Their caring needs to be seen as complementary to formal provision and a whole family responsibility, rather than as an inadequate alternative. Establishing expectations that public documents in future project such positive views, as well as acknowledging the challenges, would be a good start in changing the prevalent anti-age culture. It need not cost any more than introducing good practice guidance and an effective monitoring and editing process across Government departments and partner health, social care, third sector and learning organisations.

## 8.5 Promoting partnership working across policy, research and practice communities

Any Government programme to promote and enact carer-friendly policies would depend crucially on the way it was delivered, rather than simply on its design. Translating policy into practice would require changes in emphasis across policy, research and practice communities; it would also need a co-ordinated response amongst departments that reflected the evidence for the inter-connectedness of policies affected by ageing, with policies implemented by one often having a direct or indirect effect on another. Nationally and locally, health care, childcare, care for older people, tax and pension arrangements, workplace practices, community and lifelong learning and research, would all need to connect, requiring joint efforts to gather, analyse and synthesise both large-scale and more local information about family care arrangements and plan provision and support accordingly (Ch.1.2; 2.3).

These are not new ideas: the importance of partnership for transformational change in organisations has been well-rehearsed. There has been some recognition in Scotland that public services will need to be planned and delivered differently, involving integration of health and social care and a shift to prevention, if the ageing population is to be kept healthy and active for longer (Ch.2.3). For example, strategic and delivery partnerships between Government and third sector organisations have been promoted by the Scottish Parliament's Equal Opportunities Committee to tackle loneliness and isolation<sup>22</sup>. The *Health and Social Care Alliance Scotland*<sup>23</sup> promotes partnership with Government as a way of both supporting the third sector and fostering better cross-sector understanding. They argue that through working with individuals and communities they are well-placed to support older people's self-management, community engagement and independent living. The recently established *Early Years Collaborative* (Scottish Parliament Health and Sport Committee)<sup>24</sup>, is a coalition of Community Planning Partners, focused especially on families, seeking to raise public awareness of importance of Early Years for children, putting GIRFEC and the *Early Years Framework* into practical

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<sup>22</sup> [http://www.scottish.parliament.uk/S4\\_EqualOpportunitiesCommittee/Reports/EOS042015R05.pdf](http://www.scottish.parliament.uk/S4_EqualOpportunitiesCommittee/Reports/EOS042015R05.pdf)

<sup>23</sup> <https://www.alliance-scotland.org.uk>

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[http://www.parliament.scot/S4\\_HealthandSportCommittee/Inquiries/Note\\_on\\_Early\\_Years\\_Collaborative.pdf](http://www.parliament.scot/S4_HealthandSportCommittee/Inquiries/Note_on_Early_Years_Collaborative.pdf)

action. The Collaborative's twin aims are to secure a flexible and high-quality ELC system that is accessible, affordable and integrated with school and out-of-school care; and to build the capacity of families and communities to secure better outcomes for themselves.

At local level, there may be some merit in taking account of the growing number of Community Development Trusts<sup>25</sup>, not-for-profit organisations based on partnerships, whose very diverse activities reflect local circumstances, needs and challenges, including arrangements for care. It might be worth piloting community-based 'Caring Cooperatives', of local health, social and learning services and third-sector and business partners, to provide information, advice, support and networking opportunities for both professional and voluntary carers in local families. Carers could be encouraged to participate and contribute their views, experience and expertise by encouraging all partners to work, learn and network across sectors and generations.

## **8.6 Supporting informal, intergenerational family care through the life-course**

The Resolution Foundation (2018) describes the 'intergenerational contract' as the principle that different generations in families provide support to each other across the different stages of their lives, with each passing on wisdom and providing new perspectives as they respond to the shifting needs of family members. The unpaid childcare provided by UK grandparents as a form of early intergenerational intervention seems likely to produce similar benefits for the welfare system. At present, we seem to think about informal family carers in distinct and separate groups, with caring being for children *or* family members with additional support needs *or* for older people. Gunhild and Hagestad (2002) proposed that ageing research has been centred on individuals, taking a static view of social context rather than considering old age as part of a lifelong journey. They argued that a life-course perspective would take families as collections of interconnected lives and critical mediators between developing individuals and rapidly changing societies, exploring how families' experiences were shaped by contextual features such as

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<sup>25</sup> <http://partnerships.org.uk/pguide/trusts.htm>; <https://www.socialenterprisescotland.org.uk/our-story/directory/34>



history and culture. The experiences described by the grandparent-carers in this study would seem to confirm that the life-course perspective could apply in their circumstances. Interactively with their peers, children and grandchildren, they were concerned with building family coherence and solidarity in shifting circumstances, mediating intergenerational relationships and nurturing growth and a shared sense of continuity and purpose, within the extended family and with the wider community (Ch.5.3).

With this in mind, an effective approach to informal family care might be to consider carers and the cared-for in their families through the life-course, across generations, in a process of continuous change: children initially needing care from parents or other family carers; then becoming parents, combining care for children and possibly their own parents with other roles, and needing support to do so; then becoming grandparents themselves, continuing to support their children and caring for grandchildren and possibly their own parents as great-parents; and eventually needing care themselves from their children and grandchildren, possibly as great-grandparents themselves. This approach could accommodate 'families' of all kinds, including couples, nuclear, extended and blended 'beanpole' families. For grandparent-carers, it would capitalise on their concern to build and nurture their families and relationships in everyone's best interests, tracking changing family interdependencies over time, tailoring support to each family's distinctive needs and recognising that different kinds of care come at different times in life and will keep changing.

## **8.7 Enabling and supporting carers to combine work and family care commitments**

In a society reliant economically on more people working, and working for longer in their lives, combining work and informal family caring responsibilities is likely to be particularly challenging (Ch.2.1). If carers have to earn their current livelihood and their future pensions, as well as pay for additional care services, reconciling these roles will be a precondition for securing future family caregiving (Hoff, 2015). Without sufficiently flexible sources of formal care and flexible work arrangements, those taking on informal caring responsibilities are likely to face some degree of withdrawal from paid work. Caring can result in carers reducing the hours they work or leaving employment. Taking on caring responsibilities around retirement also

reduces the likelihood of involvement in part-time work after retirement (Nazroo, 2015). For some carers, reduced hours or retirement may have been the right move; for others, timely support might have enabled them to continue in employment (Scottish Government 2015).

If grandparents are increasingly involved in employment, the need to reconcile work and family commitments will become a multigenerational family matter rather than a challenge for younger parents alone and, in parallel, families and welfare states will have to newly reconcile their joint responsibility to provide adequate care for future generations of children (Hank & Buber, 2008). Such a reconciliation will require a shift of employment culture to focus on the wellbeing of employees, including family carers; just as care in families is an intergenerational matter, so should work become more intergenerational, with older and younger workers participating reciprocally at different stages in their careers.

From the statutory perspective, with regard to tax and pension arrangements, from April 2011 grandparents who gave up paid work to provide child care could claim transferable Class 3 National Insurance credits from their grandchildren's parents to help build their entitlement to the basic State Pension and some bereavement benefits. These arrangements were designed to protect the pensions of grandparents who retired early to help care for grandchildren so their parents could go back to work<sup>26</sup>. However, it seems that even now, very few know they could be eligible: better and more timely information, locally mediated, would be helpful (Ch.6.6). There might also be some merit in extending the carer's allowance to include those grandparents who are providing childcare for 35 or more hours each week, the current threshold, and preferably reducing the threshold to 30 hours for all carers in full or part-time employment.

Legal entitlement to care leave and paid care leave for a limited period of time could also enable carers to continue caregiving while working. As part of the Children and Families Act 2014, the UK Government introduced arrangements share the current 50 weeks of parental leave between mothers and fathers from 2015, to address imbalances in maternity, paternity and parental leave allowances. However, shared parental leave was little taken up; plans to extend it to grandparents have been put

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<sup>26</sup>[http://webarchive.nationalarchives.gov.uk/20121007091216/http://www.direct.gov.uk/prod\\_consum\\_d/g/groups/dg\\_digitalassets/@dg/@en/@over50/documents/digitalasset/dg\\_202420.pdf](http://webarchive.nationalarchives.gov.uk/20121007091216/http://www.direct.gov.uk/prod_consum_d/g/groups/dg_digitalassets/@dg/@en/@over50/documents/digitalasset/dg_202420.pdf)

on hold while the Government carries out an evaluation of the SPL policy in general<sup>27</sup>. An alternative might be to introduce 'working lifetime accounts' by which workers could save part of their monthly wage for flexible leave of absence, to be used as long-term care leave, parental leave, part-time working or early retirement (Hoff, 2015)

At organisational and company level, optimistically there is evidence that flexible, carer-friendly work practices can benefit both working carers and their workplace. People are more likely to remain in the workforce if they are in good-quality employment that is characterised by good levels of reciprocity and low levels of physical and mental stress (Nazroo, 2015). Working carers employed by a publicly recognised 'best practice employer' are reluctant to leave their jobs there, even at the expense of better earning or career prospects elsewhere (Hamblin and Hoff, 2011). Employers benefit from workers who manage to combine work and care effectively and can focus on employment-related tasks without distraction (Hoff, 2015).

To date the most effective means of support in place from the perspective of family carers appear to be paid care leave, flexible working hours, flexible opening hours, respite care and day-care centres (Hoff, 2015). For all those who work and care, the periods when they are most committed are crucial: practice and hours spent change over time in both working and family life and need continuous adaptation of both. Both workplaces and families could be encouraged to organise care more flexibly. With regard to promoting flexible working, there is much to build on. At present, anyone can ask their employer for flexible work arrangements and the law provides some employees, including those who provide care for a dependent partner or relative, with the statutory right to request a flexible working pattern<sup>28</sup>. Under the law, employers are not obliged to respond positively to a request, but they must consider an application to work flexibly seriously and only reject it if there are legitimate business grounds for doing so.

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<sup>27</sup> [https://www.peoplemanagement.co.uk/experts/legal/shared-parental-leave-grandparents-extension#\\_ga=2.8320498.1196770408.1526893045-986099386.1515076882](https://www.peoplemanagement.co.uk/experts/legal/shared-parental-leave-grandparents-extension#_ga=2.8320498.1196770408.1526893045-986099386.1515076882)

<sup>28</sup> [www.direct.gov.uk/en/Employment/Employees/Flexibleworking/DG\\_10029491](http://www.direct.gov.uk/en/Employment/Employees/Flexibleworking/DG_10029491)

In *Good Work: the Taylor Review of Modern Working Practices*<sup>29</sup>, Taylor argues that Government should work closely with organisations to encourage flexible working and initiatives like 'Happy to talk flexible working', to accommodate individual requirements. The Chartered Institute for Personnel Development (CIPD) is currently co-chairing a *Government Flexible Working Taskforce* that brings together policy-makers, employer groups, unions and employee representative groups, research groups and professional bodies to promote wider understanding and implementation of inclusive flexible work and working practices<sup>30,31</sup>. They argue that there is much to learn from those employers whose flexible working practices are more inclusive: offering flexible ways of working is becoming a strategic issue for businesses, potentially adding value, improving performance and ensuring a diverse, flexible and more engaged workforce.

The CIDP reports that several large employers in the UK have dedicated staff dealing with working carers' issues and have in place policies that provide some degree of flexibility for carers, for example carers' leave, mobility within the organisation to more suitable roles, part-time working, job-sharing or working remotely. The website [flexibility.co.uk](http://flexibility.co.uk)<sup>32</sup> lists a variety of flexibility options currently in place in different organisations. These include ways of accommodating variable hours, restructured hours, reduced hours and leave options, including maternity/paternity leave, sabbaticals and career breaks. Such flexible working may be negotiated formally with line managers or informally with colleagues, such as swapping shifts and weekend working (Nazroo, 2015). Working carers stress the importance of their managers being approachable, flexible and sympathetic: how employers treat staff with caring responsibilities makes a big difference. However, carers also comment that too much is left to the discretion of line managers (Hamblin and Hoff, 2011; Hoff *et al.*, 2014). While some managers are supportive, for example accepting emergency absences or allowing carers access to paid short-term leave for emergencies, others are less sympathetic.

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<sup>29</sup> <https://www.gov.uk/Government/publications/good-work-the-taylor-review-of-modern-working-practices>

<sup>30</sup> <https://www.cipd.co.uk/about/media/press/290318-beis-flex-working>

<sup>31</sup> <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/business-resilience-report>

<sup>32</sup> <http://www.flexibility.co.uk/flexwork/time/time-options2.htm>

With regard to accessible care, there is a good business case to be made for providing workplace nursery facilities, at least in larger businesses and organisations, with benefits for retaining experienced workers and recruitment. Replacing staff because of family commitments can be a significant cost to businesses, especially for long-term employees who know the company well and have built important relationships with contacts and clients. Women especially can be keen to return from maternity leave but struggle with childcare provision; other carers, including grandparents, may have similar issues. Flexibility and work-life balance are recognised as a deciding factor for people choosing a place to work and employees are far more likely to stay with a particular organisation if they feel they are also supported in family life. However, not all businesses can afford to offer such benefits. Many workplace crèches have been threatened with closure in the past few years, with subsidies out of proportion to the numbers catered for<sup>33</sup>. An alternative might be shared facilities amongst business and organisations in local communities (see 8.5 above).

Finally, carers, like all workers, would benefit from an adaptation of workplace policies and working practices towards a model where training and reskilling opportunities are available throughout people's careers, reflected in inclusive and equitable terms and conditions of employment and applying at recruitment and in regular training and professional learning (Government Office for Science, 2016b). Many employers see time spent caring at home as irrelevant, even though others understand that it is a learning experience that can develop useful skills. Arrangements such as cross-generational job-sharing, mentoring and networking arrangements, as well as more conventional means, could encourage carers to bring their caring skills back into the workplace and pass them on to others. Although it would be difficult to require employers to become more flexible, perhaps persuading them through providing marketing and financial rewards for 'Excellence' in caring for families and valuing working and caring relationships would help to accelerate a process already gaining momentum.

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<sup>33</sup> <https://www.theguardian.com/sustainable-business/2016/jan/13/babies-at-work-onsite-childcare-office-goldman-sachs-addison-lee>

## **8.8 Considering caring as part of lifelong learning**

The evidence from this study suggests that grandparent-caring is a form of lifelong learning and of reciprocal benefit to the learning of all involved. It involves constructed, situated, self-managed, collaborative learning, taking place in a social context that gives grandparents a sense of responsibility and 'belonging' as part of family, community and peer groups and networks (Ch.7.8). Promoting physical and mental health and wellbeing and potentially slowing cognitive ageing, it can give them a new sense of purpose and motivation in life at time of change, with the opportunity to attend to generativity and potentially prolong their lives (Ch.2.4). However, despite the overwhelming evidence from a range of studies that participation in learning is good for their health and well-being, older people appear under-represented in learning. If we are serious about supporting grandparents' active ageing then more needs to be done to ensure that older people have the opportunities and resources needed to participate in appropriate activities (Hyde & Philipson, 2014).

For working carers, Schuller and Watson (2009) argued that the 'third age' should be viewed as an important time for encouraging training and education opportunities in the workplace. They also argued for an entitlement to learning leave to be built into employment contracts as working time patterns change. However, not all family carers are at work to benefit from workplace training and professional development opportunities. In addition, we could pay more attention to learning about different aspects of care for family carers, including grandparents and other informal carers, in community settings. In terms of what carers might learn about, we can think of caring, especially for older people, as part of 'learning to be' (Ch.2.4). As older people acquire new roles that are different from those of their preceding life phases, opportunities to learn should encourage a shift of focus towards active, on-the-task development of essential life skills through those roles, including caring. Relevant to both older people in general and to grandparent-carers and their grandchildren, Istance (2015) would include as topics for learning several issues that came up in discussion in Chapters 5-7: personal and community health and growth; changing society and environment; keeping the mind and body active; broadening social contacts and networks; sharing knowledge and experience with young people;

caring for others; self-expression and creativity; and social and political engagement (p. 231).

Istance (2015) also emphasised the importance of offering learning opportunities that really interested people, saying that any policy to increase lifelong learning should consider motivation. Slavin explored the relationship between motivation and collaborative learning, identifying two related perspectives. The motivationalist perspective presumed that the learning process was driven by individuals' motivated self-interest; the social cohesion perspective suggested that it depended on the cohesiveness of the group, where learners helped each other because, as in these family groups, they cared about the group and gained the benefits of self-identity from membership. These different perspectives could be seen as complementary: personal motivation led directly to successful learning but also shaped the behaviour and attitudes that promoted group cohesion, which in turn facilitated the types of group interactions that promoted members' learning (Slavin, 2010).

In this regard Senge & Scharmer (2001) in their study of transformational change, concluded that what made the most difference to the quality of learning was not so much the knowledge and skills of individuals but more the quality of communication, engagement, interactions and trusting relationships amongst them, in and across relevant practice communities, leading to the potential for shared understanding, feedback and collaborative action, mediated by the distinctive values and beliefs of all community members (Ch1.2). In this same vein, Schuller and Watson (2015) argued for Learning Entitlements that would enable similarly dynamic innovations in the relationships between learners and the providers of learning opportunities, so that providers as part of a group could understand better what learners wanted in terms of courses and access to them, and respond more flexibly, making provision learner-centred.

For the grandparents in this study, it was local more than national arrangements that determined the quality of their experiences. A commitment to meeting older learners' requirements and preferences through local learning communities could transform the power relationships between providers and learners in favour of the learners, challenging providers to develop and implement inclusive policies and processes of learner engagement (Canham et al., 2018). Istance (2015) argued that partner providers and their strategies would need to focus on ageing and older



citizens, incorporating informal leisure-based as well as formal programmes; peer-to-peer learning communities as well as more conventional courses; on-line opportunities as well as face-to-face classes and workshops; older people as teachers and tutors as well as being learners (p.234). Schuller and Watson (2015) argued for devolution of strategy and decision-making powers about learning provision to local authority and community partnerships, proposing Learning Exchanges to connect and network teachers and learners, provide a single information point and mediate information, operate an entitlement 'bank' and identify social learning spaces. Like Caring Cooperatives, these could be the concern of Community Development Trusts (8.5 above).

Participants' feedback provided some insights into how grandparent-carers might benefit from contributing in self-managed groups rather than individually. Participating with people like themselves with a shared purpose and social links had seemed to shape their discussions, allowing them to talk freely and confidently, while a more socially heterogeneous group might have affected the nature of the interactions and the group's dynamic. They also noted that communicating across generations, where they had less in common with other group members, was more difficult than with their peers. They recognized the advantage of being self-managed, which gave them relatively equal status and encouraged them to contribute their views, rather than having an 'expert' facilitator to whose views they might feel they should defer (Ch.7.7).

In practical terms there are already several well-recognised ways of organising and facilitating learning in practice communities that might suit grandparent-carers, allowing them to determine their own preferences and priorities for learning. The University of the Third Age (U3A) is already well-established in Scotland, with autonomous learning groups accessing the expertise of their own members to share knowledge and experience, covering as wide a range of topics and activities as they choose<sup>34</sup>. In Sweden, Study Circles, launched almost a century ago, still constitute a large portion of adult education provision (Larsson and Nordval, 2010). They may be especially relevant for grandparent-carers: as well as being formed for the pleasure of increasing the knowledge of their members, they often have specific goals such as generating ideas or suggesting courses of action, so could allow

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<sup>34</sup> <https://www.u3a.org.uk/about/vision>



participants to engage actively and contribute expertise about health and care issues and challenges specific to their local communities. On the same principle, Open Space Technology has been used in Scotland over a number of years by organisations and businesses as a way of consulting both internal and external stakeholders together to identify and solve problems and plan for the future<sup>35</sup>. Study Circles could also be a way for a local Learning Exchange or Care Cooperative to promote reciprocal learning between grandparent-carers and their grandchildren (Ch.7.5), inviting carers with particular skills and experience to convene Circles for grandparent-carers and grandchildren to learn new skills together, supporting them by providing and subsidising local space and relevant equipment at convenient times, perhaps in 6-week blocks. Examples that arose from the participants' discussion might include drawing, painting and craft; music and singing; drama; story-telling; gardening; and physical activities (Ch.7.5).

In the community context and specifically with regard to health and childcare provision, local nurseries and playgroups could be more consistently focused on promoting family carers as well as young children's learning, by reviewing the way they involve and consult with grandparents and other informal family carers besides parents. There is plenty of sound advice in health and ELC documentation about the importance of doing so, but it needs to be translated into practice consistently, across services. In the wider European context, Nutbrown and Abbott (2001) explain that in the highly influential Reggio Emilia approach to preschool provision, children are treated as strong, powerful and competent members of their intergenerational community, living and learning together. The promotion of collegiality and an ethos of co-participation with families lie at the heart of provision, based on what the community think both children and adults (not just children) need in order to 'grow' in the community and lead full and satisfying lives (Malaguzzi, 1996). Connecting and consulting in this way with all a child's family carers, as well as parents, as recommended in professional guidance (Ch.2.2), would promote 'everyone learning together' (Ch.1.2). By linking and engaging with local Learning Exchanges and Caring Co-operatives, local health centres, maternity services, nurseries and

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<sup>35</sup> <http://openspaceworld.org/wp2/explore/guided-tour/>

playgroups could both contribute to and benefit from grandparent-carers' learning and experience in discussions about family wellbeing.

### **8.9 Final reflections: the role of research**

The grandparent-carers involved in this study are part of a generation that is increasingly involved in informal family care, across generations. For succeeding generations, it seems likely that this involvement will increase, as more family members combine work and care in the interests of both personal and community prosperity and wellbeing. In concluding this research-based thesis, it would seem fitting to reflect on the particular role research and researchers might have in shaping current and future policy and practice in relation to informal family care and carers, and older carers in particular. These reflections are made from the perspective of policy-makers, drawing on my own experience of managing a government programme to translate research and policy into practice (Ch.1.2). On the basis of that experience, I feel there is a strong case to be made for including adequate and sustainable funding for research and researchers associated with a large-scale inter-departmental programme to support informal family carers.

From the policy perspective, a team concerned with promoting and supporting informal family care would need to be thoroughly familiar with their topic area and associated current issues, in order to be able to provide informed briefings to Ministers. It would be essential to understand older carers and their families: who they are; where they are; how they care and learn; and what they would need in to learn in order to flourish in a rapidly changing world. Gaps in the evidence might include how informal family care works in different kinds of families and cultures, the influence of socio-economic circumstances on family care and gender issues. It would also be important to explore the mechanisms behind the diverse problems that can be experienced by informal carers (Scottish Government, 2017) and why family members choose not to provide care. It might also be helpful to consider further the contribution that grandparents make to communities and the economy compared to those caring for older family members, and how caring as learning contributes to carers' wellbeing. For policy affecting older people in their families, it would be important to consider research evidence and its relationship to policy in the context of rapid and continuous changes, in family life, in the funding and provision of health and social care and in employment structures and practices. As

these contexts change, so will the involvement of older people in paid work and informal family care, with consequences for both individuals and society.

For AifL, having internal and external research partners and access to their networks was crucial for the design and delivery of the programme. Research partners with relevant expertise, working across disciplines and departments, could identify available information, help to determine what might be relevant and adapt it to the Scottish context: ‘policy learning’, rather than ‘policy borrowing’ (Raffe, 2011). New Zealand’s *Best Evidence Synthesis* provided a particularly useful model for this kind of advice<sup>36</sup>. Different kinds of research evidence would clearly be required: the experience and expertise of researchers in both designing and interpreting large and small-scale studies of the kinds referred to in this thesis, evaluating and synthesising quantitative and qualitative evidence across disciplines and departments, would be crucial for policy teams.

Turning to the implementation of policy across Scotland, research partners in the AifL programme who lived and worked locally had a really important role as independent team members in pilot activity. For a programme involving value and support for older people and families, roles of this kind might be especially important. By building relationships with community partners, researchers got to know the community well and were able to help shape innovative approaches tailored to local circumstances. Through local partnerships, they were able to gather and link information and data, monitor and evaluate on-going impact, suggest adjustments, and feedback iteratively to the programme’s networks and policy team. As independent thinkers, they could often anticipate the likely impact of particular approaches on participants in communities, bringing learning from past experience in a way that policy-makers with short-term imperatives often overlooked. The researchers were also able to suggest areas where there were gaps in available information, taking their insights back into their own research networks and contributing to building the evidence-base for the policy area. Their collaborative learning with all the partners in these practice communities eventually contributed to the sustainability of the programme over a number of years.

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<sup>36</sup> <https://www.educationcounts.govt.nz/topics/bes/resources/bes-programme>

The present small-scale study has only been able to shed some light on a corner of the wider family caring landscape, and clearly more thinking needs to be done about how to value and support informal family carers, including grandparent-carers. By 'joining the dots' of research, policy and practice in the ways outlined above, taking change not as an event but as a community learning process, it should be possible to ensure shared wisdom, continued engagement and sustainability across communities in Scotland in our rapidly changing world, to the benefit of present and future generations.



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## APPENDICES

### Appendix 1: Communication with participants

#### 1.1 Recruitment flier for nurseries, playgroups, local surgeries

Dear Parents, Grandparents and Carers

##### **'Becoming a grandparent'**

I am a post-graduate student (and grandparent) at the University of Edinburgh. I am doing research about the experience of grandparents in Scotland who are looking after their first grandchild regularly on a part-time basis (for example 1-2 days each week).

I am looking for grandparents in your area who might be willing to take part in the study.

***Is there a grandparent in your family, or a family you know, who is caring for their first grandchild regularly, on one or two days each week?***

***Might they be interested in taking part in the study?***

If you or anyone you know might be interested in taking part, and would like more information, please ask them to either:

- contact Carolyn Hutchinson: [Phone no. and email address here]

or

- fill in a contact name and telephone number or email address below, and leave the form with a play leader/administrator to be collected later

Name .....

Contact telephone number .....

or

Email address .....

Thank you very much for your help.

## 1.2 Introductory letter to volunteer participants

[Date]

Dear [Name]

### ***Becoming a grandparent***

*'How grandparents in Scotland who are sharing the care of babies and toddlers in families learn and experience their role'*

You have said that you might be willing to take part in a research study about your experience of caring for your grandchild.

The research will be carried out by Carolyn Hutchinson, a postgraduate researcher (and grandparent) from the Moray House School of Education in the University of Edinburgh.

This letter tells you what the research is about and how it will be done, so that you can decide if you do want to take part. Before you decide, it is important for you to understand why the research is being done and what you would be asked to do. If you do agree to take part, you will be asked to sign a form giving your agreement.

Please take time to read the information below carefully and, if you wish, to talk about it with your family and friends.

If anything about the study is not clear, or you would like more information, please ask me. You will find my contact details at the end of this letter.

### **What is the purpose of the study?**

We know from studies in Scotland that many Scottish grandparents choose to provide regular, part-time, voluntary care for their grandchild. However, less is known about how they learn and experience their role as carers, from their own point of view.

The study is to find out about grandparents' experiences of caring part-time for their grandchild in the two years after the birth, and about the kinds of support they already have or that might help them in their role as carers.

The results could help local service providers and policy-makers to take more account of grandparent carers in their planning.

### **Why has my local area been chosen?**

Your community is one of four that will be involved in the study, from different parts of Scotland.

3-6 grandparents (and their partners if relevant) from each of the four communities will form a local focus group, taking part together.

### **How long will the study last?**

Your involvement in the study will last for around six months. I will ask your focus group to meet three times during that period. Meetings will take place in your community, as agreed by the member of the group.

It would be most helpful if you could continue to take part throughout the six-month period of the study. However, you are quite free to say that you do not want to take part, or to withdraw from the study at any point, if you choose.

### **What will happen if I agree to take part?**

There are two ways in which I will ask you to take part in the study:

### **- Focus groups**

If you take part, I will ask you to talk about different aspects of your experience of caring for your grandchild, with the other grandparents in your focus group.

I will come to meet with the group at the start of the study, to agree:

- ways of working
- a schedule for meetings
- how you will keep in touch and communicate

I will also ask you to share information with the group about your own and your family's background and recent history (but you will not be asked to share any details that you prefer to keep private).

The group will then talk together three times over a six-month period. The discussions will take place in a convenient location in your local area, about once every two months. Each discussion should last about 30-45 minutes.

I will come to the meetings and provide a short list of topics for the group to talk about. You will be able to add others of your own, if you wish.

I will listen to your conversations and make notes and an audio recording of what you say, for summary and analysis later. The recording and notes will allow me to make sure that I have a record of all the detail of what the grandparents say.

I will send you a summary of your group's discussion after each meeting, by post or email, so that you can make sure it is a good record of what was said and keep it in mind for the next meeting.

I will ask you to let me know by phone or email if you would like any changes to be made to the summary.

Once any changes have been made, I will mail or email the summary to those taking part. It will also be put on a secure study website. This will allow each group to see a summary of what they and the other groups have talked about and to make comments and suggestions for each other, and about the progress of the research, if they wish to do so.

### **- Monthly journal<sup>37</sup>**

I will also invite the grandparents in each focus group to keep a monthly journal, with six entries about their experiences over the six-month period, each entry to be about the previous week's experience of caring for their grandchild.

If you do not want to keep a journal, you can let me know. Your decision will not affect your participation in the focus group discussions.

The journal will show how each grandparent's (or couple's) experience of caring changes as their grandchild grows and develops.

The journal can be in any form the grandparents choose: written notes, still or moving pictures with comments, recorded conversations with a partner, family member, friend or another grandparent in the study (audio or video), or any combination of these.

At the end of each month I will phone or Skype each grandparent/couple who is keeping a journal, to talk about that month's journal entry.

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<sup>37</sup> In the event, none of the participants was willing to devote time to the monthly journal, so this aspect of the study was not pursued.

**What will happen to the results of the study?**

The results of the study will be included in a doctoral thesis that will be sent first to the University of Edinburgh School of Education. If the degree is awarded, the thesis will be published by the University of Edinburgh.

The results may also be published later in the form of articles in academic journals or at seminars and conferences.

With your permission, your anonymized data will be lodged in a secure repository for use by other approved researchers in the future.

**Will what the researcher finds out from me personally be kept confidential?**

Yes. Written and visual material reported in the study will not identify individual grandparents or their families, nor their location in Scotland. Your name will not appear in any written documents.

If you wish, you can use an alias name during the study, to protect your identity.

Any information which you share with me will be anonymised and no comments will be attributable to you.

In the interests of child protection, if you tell me something which makes me think that a young person might be being harmed in some way then I will stop the discussion and discuss with you the best way to share that information.

I will store all contact details, notes, journals, audio recordings, photos, videos and transcripts securely, in the University of Edinburgh.

If pictures of grandchildren or their families are used in journals, any identifying features of children's faces will be made unrecognisable before the journals are securely stored. No real names will be used.

Some of what your group members say during their discussions or recorded in their monthly journals may be quoted anonymously in the final thesis.

If you agree, anonymised information from the study will be stored in Edinburgh University and made available to other researchers for future studies, for up to 10 years.

Your personal data and contact details will be securely stored during the study period. They will be kept for three months and destroyed no later than six months after the end of the study period.

**Who has reviewed the study?**

The project has been reviewed by the University of Edinburgh School of Education Ethics Committee.

**Contacts for further information**

If you have any questions or concerns about this study, please contact me, Carolyn Hutchinson

Email [S1164444@exseed.ed.ac.uk](mailto:S1164444@exseed.ed.ac.uk), Tel. +44 7762262349

You can also contact my academic supervisors at Edinburgh University:

Gale Macleod, [gale.macleod@ed.ac.uk](mailto:gale.macleod@ed.ac.uk)

Ken McCulloch, [Ken.McCulloch@ed.ac.uk](mailto:Ken.McCulloch@ed.ac.uk)

Thank you for reading this letter.

### 1.3 Participants' Consent Form

#### Becoming a Grandparent

#### How grandparents in Scotland who are sharing the care of babies and toddlers in families for the first time learn and experience their role

I agree to participate in this project, as described in the letter I have received about it.

I understand that:

- My personal details will be kept securely in the University of Edinburgh
- Recordings, transcripts, summaries and pictures collected during the study will be anonymised, to protect my own and my family's identities
- Any concerns I have about possible danger to my grandchild's personal safety that emerge during the research period will be dealt with in line with current Child Protection legislation
- I have the right to withdraw from participation in the project at any time after it has started

I understand that anonymised recordings, transcripts, summaries and pictures collected during the study will be stored and may be made available to the wider research community after the study has been completed, for up to 10 years.

Signed .....

Print name .....

Date .....

House number: .....

Postcode: .....

Researcher's signature .....

### 1.4 Letter to participants to confirm agreement to transcripts

[Date]

Dear [Name]

#### Grandparents study

Firstly, thank you very much for taking part in my study of grandparents. I very much appreciate the time and thought you have given to taking part in the discussions with other grandparents over the past year. The conversations from all the groups are really interesting and will make a very good basis for my thesis.

I have now finished transcribing and anonymising the all the discussions and am preparing to store them in the Edinburgh University database, as agreed with all the participants at the outset of the study. Before I do so, however, I would like to offer you the chance to read the final transcriptions of the discussions you took part in and to offer any comments or

amendments. Your continuing interest and participation in the study, should you wish to contribute your views to the analysis of the data, would be very welcome, although you are under absolutely no obligation at all to do so.

Enclosed therefore you will find transcripts of the three discussions you took part in, and also an envelope for your husband for you to pass on to him. These transcripts are taken from the audio recordings I made at the time and record the actual conversations that took place. The only changes I have made are to give you a different name ([name] in your case) and to take out the names of your family members, replacing them with 'my grandson', 'my son' 'my daughter-in-law', etc. I have also removed references to places that might help to identify you.

You will see that there is a blank column on the right-hand side of the table. This column is for any comments or suggestions you might want to make. If you do add your thoughts, I'd be grateful if you could return the annotated transcripts to me as soon as convenient. Please feel free also to make a copy to keep if you would like to do so. If you do not want to add comments, you are free to keep the transcripts as a record (but please let me know by email that you will not be commenting). Please also feel free to ask me any questions about the data or the analysis.

Once again, thank you so much for all your help and support. I look forward to hearing from you.

Very best wishes

Carolyn Hutchinson  
Postgraduate student  
University of Edinburgh

## Appendix 2

### Composition of discussion groups

#### Group 1

For Group 1 the original contact with three separate grandmothers was made through my attendance at a playgroup and a music group for toddlers with my own grandson, in his local community in the north-east part of greater Glasgow. The two playgroup grandmothers eventually agreed to participate as a pair, since the music group grandmother withdrew when arrangements for confidentiality and sharing of information were being discussed.

The third member of this group, who joined in for the third of three discussions, was mother-in-law to one of the pair's daughters, and sharing the care of their granddaughter. All of the women in this group had experienced single-parenthood through divorce or bereavement. Two had remarried, one now living with her second husband and the other widowed. The third had remained a widow and had raised her two sons on her own.

#### Group 2

The first contact for Group 2 was with my younger daughter's mother-in-law, with whom I shared the care of my grandson on a one-day-a-fortnight basis. We sometimes communicated briefly about the care of our grandson, and were on friendly terms as in-laws, but had little social contact otherwise. We both travelled to the Glasgow area for our day's caring, I from Edinburgh and she from the Dundee area. She had heard about my enquiry and offered to form a local Dundee group with her own sister-in-law and a close colleague from her work, both of whom cared for a grandchild under 3, but did not previously know each other.

All three members of this group were still married to their original husbands, who shared the care of their grandchildren with their wives; the two sisters-in-law were already part of a close extended family network. The three husbands had shown a lively interest in what their wives were doing and agreed to meet once independently as a separate group, forming Group 3 for one discussion that took place simultaneously with the grandmothers' third discussion of three.

#### Group 4

Group 4 was somewhat different, being an existing grandparents' support group in the Lothian area, run by a third sector organisation offering support to children and families, funded through the Sure Start programme. The members of this group, all women, were mostly quite long-standing and knew each other's circumstances well.

The group was convened by a member of staff and met on a weekly basis. Their activities over the summer holiday period had included attendance at a course for parents and carers about children's brain development. They agreed to take part in discussion around the study prompts on two occasions, each time including their convener, a different person on each occasion due to changes in staffing and funding (both themselves grandmothers).

A total of six grandparents took part in the first discussion and three in the second. Only two of the original six participants took part in the second discussion, together with the new coordinator. Those who participated included one who cared for her grandchildren with her husband every week-day, for long hours; and one kinship carer who cared full-time for her grandchild as well as having her youngest child still living with her.

#### Group 5

Group 5 came through my attendance at a local Edinburgh singing group for toddlers, where, amongst other grandparents of under-3s, I met a local self-employed joiner and



musician who looked after his three grandchildren by his first wife, twin boys and a younger girl, on his own, one day a week.

Because of his particular circumstances, I then asked the step-grandfather to my own daughter's two children, whom I knew a bit but not well, to join this group. He had no children of his own but had acquired grandchildren later in life through his second marriage to my son-in-law's widowed mother. He ran his own business as a painter and decorator and cared for my grandchildren with his wife on a regular basis, on a different day of the week from me.

These two grandfathers met once as a pair then agreed to join up with the third member of this group for the second of two discussions. He was a recently-retired social worker and first-time grandfather, a long-standing local resident who had children a little younger than my own and who attended a local baby and toddler group with his wife and their grandson. The latter two grandfathers both shared the care of their grandchildren with their wives.

## **Appendix 3**

### **Prompts for discussion and feedback**

#### **3.1 Prompts for groups meeting 3 times:**

Discussion 1:

The starter topics are:

1. Why did you agree to look after your grandchild regularly?
2. What was your own experience as a parent of small children like, and what did you bring from that to caring for your grandchild?
3. How do you think your grandchild's parents seem to be coping with life with small children?
4. How do you negotiate and agree with the child's parents about ways of doing things while your grandchild is with you?
5. What are the highs and lows for you and those close to you (partner, wider family, friends) of caring regularly for your grandchild?

Discussion 2:

This time, I'd like to hear a bit more about how you spend your time with your grandchildren, for example:

1. What are your priorities and which aspects of care matter to you the most?
2. Where and how do you manage your time, activities, routines?
3. What do you notice about your grandchild's development and personality?
4. How do you adapt what you do to your grandchild's changing needs and interests?

Discussion 3:

Today's discussion is about being a grandparent carer in this area of Scotland, and how local people and facilities influence your experience.

1. From talking with family, friends and neighbours, how are grandparent carers like you thought of in the local community? Where do you think people mostly get their ideas about the role of grandparents?
2. If you have any questions or concerns about the wellbeing or development of your grandchild, where (if anywhere) do you go for help or advice? Have you found any advice you've had to be helpful?
3. Do you think grandparent carers are well supported in this area of Scotland? What's going well for you? What would you like to see more or less of? What should be done differently, and by whom?

#### **3.2 Prompts for groups meeting once or twice:**

Discussion 1:

1. What is your role in the care of your grandchild? What do you think is the most important thing you do?
2. What was your own experience as a parent of small children like, and what did you bring from that to caring for your grandchild?
3. What are the highs and lows for you of being involved in caring regularly for your grandchild?
4. If you have any questions or concerns about the wellbeing or development of your grandchild, where (if anywhere) do you go for help or advice? Have you found any advice you've had to be helpful?

## Discussion 2:

5. From talking with family, friends and neighbours, how are grandfather carers like you thought of in the local community? Where do you think people mostly get their ideas about the role of grandfathers?
6. Do you think grandparent carers are well-supported in the community? What would you like to see more or less of? What should be done differently, and by whom?

### 3.3 Follow-up questions for feedback from participants

1. How did you find being involved in the study? Was it what you expected?
2. What did you think about the way the discussions were organised, compared with, for example, being interviewed one-to-one?
3. Did the discussions you were involved in cover everything you wanted to talk about?
4. Did anything come out of the discussions that you didn't expect?
5. Would you like to continue to be involved in the enquiry as I move into the next stage, by commenting on the analysis of what has been said by the various groups?

### 3.4 Excerpt from Feedback transcript (telephone)

R: What I was going to ask you about was just to get a bit of feedback from you, about the way that I've gone about getting discussions going, and I wondered what you thought about being involved as a group rather than as, you know, kind of one-to-one in an interview? What you thought were the pluses and minuses of the way it was done...

M: Well I think ... I think advantages of being in a group are things like sparking off each other, so that ... one thing leads to another, and you remember things that you may not otherwise have thought of as relevant, because you're hearing something from somebody else. Disadvantages are maybe that ... I'm not saying that this is the case with our group, but you may not be as open and as honest as you might be, were it one-to-one, because it may be harder to say things that you would have no problem with in a one-to-one situation. But you might feel wary of saying it in somebody else's hearing.

R: Yes, I can see that, yes.

M: So, but I think a group is good, because as with any group, you kind of ... become a group.

R: Yes, I suppose that, you know, you had three meetings, so I suppose, you know, you would get to know one another.

M: So although, you know, nothing ... we've not stayed in touch or anything, but ... you kind of do get used to .... and you know, you know the, who's being spoken of, or, and it's much more conversational than maybe an interview can be more stilted, well I mean a one-to-one might be more stilted, because the interviewer isn't able to engage in the conversation in quite the same way.

R: I think that's a very fair comment, so thanks for that. Do you think that most of the things that, on reflection, you think might have been covered were covered? Does anything occur to you that maybe could have been included which I didn't include?

M: Now then, not necessarily that you didn't include, but .... What did I see just recently, and I thought, 'that's interesting!' And I've forgotten what it is! It was to do with – um – with this – oh, it's gone! (Never mind...) And I thought, I must remember that, for when I speak with Carolyn.

R: Well I suppose, that's, it's good in a way that you know, the conversations that we've had have prompted you to notice something else?

M: Well yes, yes, but for the life of me I can't recall now what it was.

R: Well if it comes to you ...

M: Oh, I know what it was, wait a minute, it's come to me. It was totally unrelated, but on the other hand, but I felt there is a connection, in the sense that, through the yoga courses I've done, which I've incidentally, I've passed and I'm now fully qualified, we did .... part of the module was about health and wellbeing, and mental health, and one of the women who was in the cohort, she is ... works for a charity to do with mental health, and she forwarded to each of us a paper, some research that had been carried out about .... Well, the gist, the conclusion is that there are five main aspects that help you to maintain health and wellbeing, including good mental health, and general wellbeing, and what struck me was – and I could perhaps forward it to you, if you wanted it ....



## **Appendix 4**

### **Data Management Plan (using ICPSR Guidance)**

#### **1. Data Description**

This project will produce:

- Audio recordings of conversations about their experiences amongst grandparent volunteer participants in four small self-managed focus groups, in four different communities in Scotland; and transcripts of the discussions.
- Audio recordings of conversations between individual volunteers and the researcher reflecting on volunteers' journals; transcripts of the conversations; and associated journal materials.
- Files recording personal details about the participants and their communities
- Files recording observations made during focus group discussions
- Files containing the various stages in the analysis of the transcript data
- (If used) NVivo files containing data analysis

#### **2. Access and Sharing**

All data will be stored in the university's FileStore, as soon as it becomes available.

None of the recordings, transcripts or journals will identify individuals by name or their home addresses or contact details. All will be anonymised. Any link between audio recordings and transcripts and Excel files containing personal or contact details will be available only to the researcher.

Anonymised summaries of all discussions will be fed back to focus groups for their comments and amendments before, with the group's permission, being shared with the other groups participating in the study, through OneDrive and SharePoint, including a discussion board. Monthly journals and summaries of associated discussions about them will be treated in the same way.

Participants will be encouraged to make comments and suggestions to other groups on the basis of the shared materials. Participants will also be invited to contribute their ideas about findings and recommendations from the study, during the discussions and once the data collection process is complete, through the SharePoint discussion board. Comments and suggestions will be stored as Word files.

Permission will be sought from volunteers at the start of the study for anonymised data files to be available to me and to other researchers through FileShare after the completion of the EdD degree, to support the writing of academic papers and further research, in line with the University's data management advice, for up to 10 years.

Files containing personal data identifying individuals will be retained in FileStore during the EdD study period, retained for three months and destroyed no later than 6 months after its completion.

#### **3. Metadata**

Documentation will contain information about the study, including the title, study design, sampling methodology, fieldwork, location and terms of access, to enable discoverability by topic and allow a secondary analyst to use the data accurately and effectively.

#### **4. Intellectual Property Rights**

As the sole researcher I will hold the intellectual property rights for the research data. Once my degree is completed I will grant redistribution rights to the University of Edinburgh for purposes of data sharing.

#### **5. Format**

Digital audio data files generated will be stored in .mp3 format.

Textual data will be stored as Microsoft Word (.docx) for transcripts, Microsoft Excel (.xlsx), and Adobe Portable Document Format (.pdf) files

Digital image data will be in .jpeg format

If NVivo is used for analysis, files will be stored in that format.

#### **6. Archiving and Preservation**

Depositing data with the University's FileStore will ensure that the research data are backed up and migrated to new formats, platforms, and storage media as required by good practice.

#### **7. Storage and Backup**

FileStore will hold a master copy of each digital file.

The data files from this study will also be backed-up, managed, processed, and stored in personal laptop and desktop computers with firewall systems in place, power surge protection, virus/malicious intruder protection, and encryption and password protection.

#### **8. Responsibility**

All research data collected as part of this project will be owned by myself. I will take responsibility for the collection, management, and arrangements for sharing of the research data.

#### **9. Existing Data**

The data collected as part of this project will reflect the current time period and historical context. It is possible that the data collected here could be combined with other interview data to better understand how the experience and circumstances of grandparenting are changing over time.

#### **10. Selection and Retention Periods**

Anonymised data files likely to be of use to researchers in the future will be stored and made available in the University of Edinburgh's FileShare and retained for up to 10 years, with the permission of participants collected at the start of the fieldwork.

Personal data will be stored in FileStore for the duration of the EdD study period and retained for three months thereafter, then destroyed within six months.

#### **11. Audience**

In addition to the research community, I expect these data may be of interest to education, social work and health practitioners and policymakers in Scotland and the UK.

#### **12. Data Organization**

Data files will be named and versioned using a standardized naming and dating convention.

## Appendix 5:

### Excerpt from transcript with initial comments

Group 2, Third discussion 27 September 2016	Comments
M: (Reads first question)	
L: Well I know among our friends and neighbours, they just said no, they wouldn't do it. They wouldn't commit to a regular - like this once a fortnight that we do with our grandson. And they just said no.	Grandparents have choices – not for everyone Some not prepared to make the compromises care requires
A: They felt it was too much?	
L: Yes.	
A: What do they think of you doing it, then?	
L: Not that they're - they're fine (fine with you doing it?) Yeah. One in particular, he actually just said that this weekend. 'The good thing about having children and grandchildren is, your children move away and you don't see your grandchildren'. (laughter)	Acceptance by others of own choice Recognition of individual choice and attitudes
M: Oh dear!	
L: Which I wouldn't like (No!). No, I think - well we enjoy it. And I think it's more about what we feel and we want ...	Emotional investment as important
A: It's a two-way process, isn't it (yes) it's not just you giving up all your social life to (no) look after them, it's not about that (no). I'd say we are not. Most of the friends that we have, parents - grandparents either have, or are doing some caring at the moment. I would say, so that ... I would be more unusual probably if I didn't I think. Really, of the people that I know that are grandparents I think all of them - I can't think of anybody that's grandparents that don't do that. But I don't think there's an expectation that you do it (yeah). But you know I would say ... I'd have been the odd-one-out. What about you?	Emotional investment as important Choice is for family to make Very common in her circles to care for grandchildren Not so much expectation as personal choice





## Appendix 6: Themes and categories from transcripts

### 6.1 Excerpts from setting out themes and categories across discussions, by group

GROUP 1: RELATIONSHIP WITH GRANDCHILD'S PARENTS		
Discussion 1	Discussion 2	Discussion 3
<b>Respect for parents' generation</b>		
Admiration and respect for daughter's family Respect for the way parents deal with rapid change and development in child Respect for daughter	Respect for daughter's views and practice Respect for daughter's views, search for help Respect for daughter's approaches Respect for daughter's approach Understanding of and respect for parent's perspective	Respect for children's generation
<b>Importance of communication, feedback to parents</b>		
	Interactions with daughter Implicit negotiations with daughter	Importance of regular feedback to parents about little things Seeing things from parents' perspective - would be easy to miss things otherwise Sharing with/feedback to parents – reassurance for both
<b>Giving advice to parents</b>		
Parent asking grandparent for advice about sleep Parent willing to learn from grandparent Children's sleep as important concern for parents and grandparent Sleep as major issue Dealing with sleep issues	Acceptance of parents' approach to sleep difficulties, despite obvious reservations – 'not interfering'	Role through experience in reassuring parents about change as expected Role through experience in reassuring parents about change as expected Reverting to role as experienced parent Family concerns: role of dummies Exchanging ideas within family
<b>Dealing with divergence of views</b>		
	Dealing tactfully with conflict of views with parent Reconciling own and parents' views, in child's interests Deciding if and when to tell 'white lies' Disapproval of practice vs defensiveness of daughter Deciding when to challenge parents' views	Differences of opinion within family

GROUP 5: SETTING GRANDPARENTS' CARING PRIORITIES	
Discussion 1	Discussion 2
<b>Adjustments to own life/care balance</b>	
<p>Division of labour within couples  Perception of own role in couple partnership  Importance of recognition of own role for sense of self  Impact of experience – knowing what can happen  Adapting activities to own preferences  Role of music in own/children's lives  Going the extra mile enact own priorities  Division of roles with grandmother  Finding balance in life with other activities  Importance of flexibility  things, meeting own social needs  Willingness to adapt own life to provide 'something different' and unique, entertain  Being adaptable to circumstances  Impact on personal life of regular commitment  Effort, physical effort involved in being a gp  Awareness of need for confidentiality outwith immediate family, in case of concern  Importance of having reference points for establishing confidence/competence  Role of new partner as support</p>	<p>Choosing to give time and energy is important  Importance for gp of interaction, response from child  Importance of physical closeness  Willingness to put selves out in unforeseen circumstances (here illness)  Even if adapting is 'quite disruptive'!  Relaxed approach to day – takes his time (since he has time)  Does what appeals to both children and himself to fill the day  Importance of flexibility, willingness to do more  Retirement to accommodate caring role  Concern for protection of own 'territory'?  Concern for protection of own and current partner's 'territory'  Each has his own routines and responsibilities, boundaries</p>
<b>Adapting to child's needs and preferences</b>	
<p>Noticing and responding to grandchildren's development through observation (rather than deliberately 'teaching')  Focus on interests of child  Awareness of need to adapt as children grow and develop  Childcare prioritized  Sees need to adapt to child's needs and development  Willingness to go the extra mile for the children  Grandchildren's wellbeing recognized as absolute priority</p>	<p>Close observation of child's responses  Focus on and pleasure in child's reactions and interactions  Main focus is child's wellbeing  Awareness of vulnerability to pleading (part of role as gf to give in!)  Responds to rapid development of child, constantly adapting  Awareness that children can enjoy the most ordinary things  Importance of language in gf-gc relationships</p>

## 6.2 Excerpts from mapping themes and categories across discussions, across groups

ALL GROUPS: SOCIAL SUPPORT FOR GRANDPARENTS				
Community attitudes and support				
Group1 Greater Glasgow Area 3 Discussions 2+2+3 participants	Group 2 Dundee Area 3 Discussions + 1 Phone 2(+1)+3+3 participants	Group 3 Grandfathers Area 1 Discussion 3 participants	Group 4 Midlothian Group 2 Discussions 5+3 participants	Group 5 Grandfathers Edinburgh City 2 Discussions 2+3 participants
<p>Celebration of local culture</p> <p>Attitudes to grandparent</p> <p>Attitudes to grandparent in community</p> <p>Ubiquitous nature of grandparent care</p> <p>Expectations of grandparent - socially accepted</p> <p>Feeling of satisfaction about peers'/community recognition of role</p> <p>Locally thought to be valuable contribution.</p> <p>Involvement of community</p> <p>No negative comments</p> <p>Grandparent carers accepted locally</p> <p>Possible differences in culture geographically</p>	<p>Very common in her circles to care for grandchildren</p> <p>Experience can be shaped in both ways, +ve/-ve</p> <p>Experience prompts thinking about own role</p> <p>Idea that might want to make own behavior different as a result of experience</p> <p>Variation in gp attitudes amongst peers in local community</p> <p>Acknowledges different attitudes to role</p>	<p>Exploring understanding of 'support' for grandparents</p> <p>Extensive commitment as reason for 'support'</p> <p>Extensive commitment on your own as a reason for support</p> <p>Alternative view of support as things to do with toddlers</p>	<p>More trust, confidence in the past</p> <p>More freedom in the past, when they were parents</p> <p>More trust, confidence in local community in the past?</p> <p>Safety issues now that were not considered in the past.</p> <p>Change from local shops to big supermarkets has affected local community, cohesion</p> <p>Incidents demonstrate how new parenthood affects people, and how local people looked out for each other</p> <p>Support for gp comes from within families, amongst themselves</p>	<p>Recognition of what attitudes of older people in community might be to younger people and their family responsibilities</p> <p>Reaction to lone gf carer as perhaps more unusual</p> <p>Experience of curiosity but not hostility from own peers</p> <p>Communities are on the whole welcoming to toddlers – lots to do in the city for carers an, including gp</p> <p>Possibility of more networking for gp</p> <p>Benefits to gp of participation in singing</p> <p>In terms of personal support, hasn't thought about or needed it</p>

<b>ALL GROUPS: SOCIAL SUPPORT FOR GRANDPARENTS</b>				
<b>Local authority and state support</b>				
<b>Group1 Greater Glasgow Area 3 Discussions 2+2+3 participants</b>	<b>Group 2 Dundee Area 3 Discussions + 1 Phone 2(+1)+3+3 participants</b>	<b>Group 3 Grandfathers Area 1 Discussion 3 participants</b>	<b>Group 4 Midlothian Group 2 Discussions 5+3 participants</b>	<b>Group 5 Grandfathers Edinburgh City 2 Discussions 2+3 participants</b>
<p>Role of playgroups for grandparent</p> <p>Holiday provision for toddlers</p> <p>Lack of local holiday provision for toddlers</p> <p>Summer provision</p> <p>Lack of recognition/respect of experience</p> <p>Perceived judgmental attitudes</p> <p>Cultural issues in intergenerational care</p>	<p>Need for training for 'Named Person' to carry out role</p> <p>Notion of 'competence' of named persons</p> <p>Suspicion of health visitors on the basis of own experience</p> <p>Workload concerns</p> <p>Concern about unprofessional behaviour</p> <p>Suspicion of early years/NHS professional</p>	<p>Grandparents' overall contribution to ELC in Scotland</p> <p>Benefits to society of grandparents' care</p> <p>Scepticism about government's commitment to role of grandparents in ELC</p> <p>Recognition and knowledge of recent discussion about ELC policy</p>	<p>Expecting a lot of 65+ to take on childcare</p> <p>It's still doing an important job</p> <p>Compares own experience of local provision as a parent with now – 'you just had to do it yourself'</p> <p>Changes in expectations of local provision</p> <p>Still lack of facilities in the area</p>	<p>Ideas about other things that could be developed</p> <p>Appreciation of Edinburgh</p> <p>Leisure facilities for toddlers</p> <p>Appreciation of facilities at the museum</p> <p>High price of food is a consideration</p> <p>Cafes (cost); Church groups; Libraries</p>

### 6.3 Excerpt from Moving between categories and broad themes

<b>Nature of relationship with own child</b> <ul style="list-style-type: none"> <li>- Importance of relationship with own child/in-law</li> <li>- Changes in priorities, relationship with daughter/son</li> <li>- Continuing role and responsibilities as parent</li> <li>- Own child's best interests and welfare as priority</li> <li>- Own experience influences priorities for daughter/son</li> <li>- Not always about allowing (daughter) to work</li> <li>- Insights into own child's perspectives, anxieties, stresses, experience of family life</li> <li>- Importance of feeling valued by grandchild's parents</li> <li>- Importance of mutual respect, trust and confidence, and what can go wrong</li> </ul>	Nature of parent(ing) Intergenerational relationships in family Cognitive and emotional ageing
<b>Respect for parents' generation</b> <ul style="list-style-type: none"> <li>- Contrast between approaches, expectations of grandparents/parents</li> <li>- Non-judgmental admiration of and respect for the way parents handle children, relationships, family life</li> <li>- Pride in children's abilities to manage lives and relationships</li> <li>- Importance of feedback to parents</li> <li>- Important of flexibility, adapting own to parents' rules and approaches</li> <li>- Importance of tact and sensitivity in adapting when own views differ</li> <li>- Balance between support and interference</li> <li>- Gf may be more tactful?</li> </ul>	Family Intergenerational relationships
<b>Adjustments to own life/care balance</b>	
<b>Perceived advantages to grandparent in role as carer</b> <ul style="list-style-type: none"> <li>- shared responsibility for care</li> <li>- link across generations</li> <li>- freedom to focus on nurturing relationship with child, having fun</li> </ul>	Lifelong learning Intergenerational issues Generativity
<b>Perceived disadvantages to grandparent in role as carer</b> <ul style="list-style-type: none"> <li>- high expectations of grandparent</li> <li>- vulnerable to exploitation</li> <li>- feelings of inadequacy, anxiety, guilt, isolation</li> <li>- impact on own time, routines, social life</li> <li>- economic impacts for grandparents</li> </ul>	Impact of caring Cognitive and emotional ageing

## 6.4 Excerpt from inventory of discussions: categories by chapter in thesis

### Chapter 5:

#### Becoming a grandparent-carer

##### *Desire to be part of family*

Importance to grandparent of relationship with grandchild  
Concern for grandchild's welfare  
Right time in life to take on care?  
Changing priorities as grandparent  
Advantages of more time as grandparent  
Importance of being part of a family, balance caring-social  
Reconciling own/family activities  
Benefits and disadvantages of flexibility  
More anxiety as grandparent

##### *Relationships*

Concern for own child  
Grandparent's knowledge of parent  
Respect and admiration for children  
Trust between parent and grandparent  
Reconciling own and children's views and preferences  
Sharing care within family  
Relationships with in-laws  
Pleasure in partner's role  
Role of partner, stepfather  
Involving divorced partners

### Chapter 6:

#### The community and social setting

Not everyone wants to be an active grandparent  
Community's views of grandparents  
Cultural differences in community  
Views about nursery and childcare  
Cost of childcare  
Practical support for grandparent carers  
Financial support for grandparent carers  
Benefits of being part of a group  
Generational differences

### Chapter 7:

#### Learning to care

##### *Importance of personal experience*

Comparison with experience as parent  
Comparing grandchild with other family members  
Comparison with own experience of grandparents as a child  
Sense of guilt about past  
Desire to make up for lost opportunities  
Leaving a legacy  
Sense of being good at grandparenting

##### *Learning about childcare*

Advantages of having experience of children  
Admiration for grandchild  
Grandchild's learning and wellbeing  
Noticing grandchildren's development  
Noticing and dealing with concerns  
Grandchildren and ICT  
Children's dependence on internet for advice

##### *Being part of a practice community*

Experience of participating in study  
Making connections with other/previous learning  
Opportunity to reflect  
Building consensus and 'regimes of competence'  
Story-telling  
Theory-building  
Learning and insights from being a 'co-enquirer' in the study

## **6.5 Final chapter headings, themes and categories**

### **Chapter 5: Becoming a grandparent-carer**

#### **Making the commitment**

*Choosing to care*  
*Family considerations*  
*Family benefits*

#### **Adapting to the role**

*Ready to care*  
*Commitment to care*

#### **Building and sustaining relationships**

*Family relationships*  
*Relationships with partners*  
*Relationships with grandchildren*  
*Relationships with children*  
*Grandparent-care as a distinctive practice*  
*Reciprocity*

### **Chapter 6: Grandparent-care in the community**

#### **The community's view of grandparents**

*The social setting*  
*The role of grandfathers*

#### **Grandparents' views about childcare in the community**

#### **Practical community support for grandparent-carers**

#### **Participating in a coordinated support group**

#### **The role of the State**

### **Chapter 7: Caring as intergenerational learning**

#### **Grandparents' learning: the 'what' and the 'how'**

#### **Learning from a previous generation of grandparents**

#### **Learning from the experience of parenthood**

#### **Learning with and from children**

#### **Learning with and from grandchildren**

#### **Learning in communities of practice**

#### **Learning or not? Feedback from participants**





## Appendix 7: Inventory of quotations

### Chapter 7: Learning from experience

#### 7.1 *Childhood experiences of grandparents*

My experience of grandparents is nil because I was a late child. My mother was 40 when she had me and both sets of grandparents were gone - they were long gone before I was born ... I don't know if we were the generation, our parents were the generation where they still died young. My mother, she died when I was ... she was 46 and I was just coming up for 6 and my Dad died when he was 52 and I'd just turned 8, so I didn't actually have any experience of parents either.

(Claire, Group 1)

.... strangely enough of all my friends I only remember one having a granny who was good fun, especially when we were out late and she used to smuggle us in when we were where we were not supposed to be .... I don't remember many of my friends having grandparents.

(Claire, Group 1)

Well I did have two grandparents, but really two grandmothers, because my own mother was illegitimate, and we never ever found out who her father was .... I don't know how she managed to keep her - it was in the days when you didn't get to keep your illegitimate children, but my Grandma managed – um, kept my mother... so I had no grandfather but (she) was very close to us, she lived just a few doors down in the first house we had and then when they demolished those houses because they were unfit we moved and my grandma was a bit further away, but still within the same town...she had married again, had another baby, who died in infancy, and discovered that the man that she married was a bigamist .... So my grandma had had an extremely difficult time and she ... the love between her and my mother was really really powerful, and they had both lived with my great grandmother and my mother had been obliged to share a bed with her grandmother because they lived in a one-bedroomed back-to-back house, um, and so I kind of had this notion of strong but fun-loving women who are very committed to their children in whatever form that might take.

(Mary, Group 1)

Grandma Murray ... was really a very very attractive woman, and she was a very skilled seamstress and she used to make all our clothes, mine and my sister 's clothes, on a Singer treadle sewing machine, out of all kinds of nothing. We were always beautifully dressed by our Gran ... and she was always there to fill in and look after us, she was round at our house a lot, we saw a lot of her, and she had a big button box and she was fun to play with and be around.

(Mary, Group 1)

And my other Grandma, my father's mother ... had come back from the war not a well man, I now realise, so although he was there, he was usually bad-tempered and just kind of lying on the sofa really, a settle thing, I'm not quite sure, or a downstairs bed ... he was lying down, and Grandma was also absolutely full of fun, full of fun.

(Mary, Group 1)

... I mainly remember them in their own homes ... they kind of didn't take us anywhere ... we visited them, they visited us ... they were quite - characterful - and I can also remember, they used to sing a lot, the - Grandma, her father was Irish .... Her father's parents, her grandparents had come over in the potato famine .... there was a lot of singing, they were always singing, and telling tales, and relishing tales...Grandma used to sing particular songs that always had me in floods of tears .... I'd be in floods of tears and my sister would be laughing...

(Mary, Group 1)

Grandma Murray was a really good cook and she taught my sister how to cook but I wasn't interested .... I've got her Mary Beeton's cook book, recipe book and she could sew and knit and she used to show us all those kinds of things....

(Mary, Group 1)

And she always had magazines and books. I used to love reading. And [my other] Grandma, and I do this with *my granddaughter* now, she used to give us egg mashed up in a cup with best butter, and I do egg mashed up in a cup, with best butter for *my granddaughter*.

(Mary, Group 1)

Fun, yes .... high days and holidays we were always dressed really well, by the one Grandma, go to the other Grandma's with the big family and get lots of sixpences and things ... and stand at Grandma's gate and watch the Boys Brigade go past.

(Mary, Group 1)

... I only had two grandmothers, I adored one and hated the other. I have no idea why I hated her ... I thought she was a witch, I genuinely thought she was a witch. She was obviously bereaved, so wore black, all the time, because they did that in those days, and she had longish, not long but not styled white hair. I remember refusing to sit on her knee - and I don't think she ever did anything to me I didn't like, no memory of anything, but I absolutely hated her, I would rather have been out of the house.

(Anna, Group 2)

I adored my other Grandma ... I've no memory of her playing lots with me, or doing lots of exciting things with me, I've no memory of that. but I just loved going to visit her, loved playing with her, in the garden. If we were in town with my Mum, sometimes my Granny would be wandering about in the town and I would look out for her. I used to love looking out for her, and it's this love, and just adoring that I want to give my grandchildren, that feeling ... if I die when they're still too young to remember much of me, as long as they have that sort of lovely feeling of us both.....

(Anna, Group 2)

... my Granny didn't play with me ... it wasn't anything that I particularly wanted to do. And I feel the reverse with my grandson, like you.

(Liz, Group 2)

L: I can't relate that to my grandparents, because they were quite distant.

A: But then does that not make you think differently?....

L:... when we went to visit my Granny it was the adults would all talk and we would just get put outside. It wasn't anything to do with my Granny. I never did baking or anything with my Granny.

A: So ... that must influence you, then? Because you didn't have that nice experience of being a Granny, that you think - getting cuddles and doing baking and all these stereotypical things - but does that not then make you think, well actually yes, I'd quite like to have a different role, as it were?

(Liz and Anna, Group 2)

(My brother and I) used to go and visit my Dad's mum, on a Friday night, maybe .... two Fridays in the month, but my Granny lived with her daughter and her husband and my cousin, so we all loved going there, but she was like the typical old lady with specs and white hair and sat in her chair ...

(Myra, Group 2)

When our mother died and I was 16 and my brother was 13 and it obviously all a shock ... I can remember once I could drive, going to my Granny's ... I remember thinking, she can't actually say 'I'm sorry that your mother's died', but she talked to me like I was an adult, and I

can remember feeling really grateful that she was there that I and that I had that experience with her, because up until that time she'd been quite a remote figure.

(Myra, Group 2)

My other granny on my mother's side ... I decided she was ... a wee busy body, but then we found out years later that she'd actually had an illegitimate child. Now this was before she'd met my grandfather and then she had three daughters, she had my two aunts and my mother. I never knew that until a few years ago, and I thought, I wonder if that's why she was the way she was ...

(Myra, Group 2)

My grandfather was, well my father always said he was a man that was dying from his fifties, and he lived till he was 80-odd, you know, just a depressed man...

(Myra, Group 2)

... my brother and I used to go there maybe for a week's holiday in the summer time, and we were remembering that granny would say, right, away out you go, and there was a burn at the end of the road, and it was quite a big burn, and we would build dams, just the two of us, now I must have about 8, and my brother 5, and we were just left to get on with it...

(Myra, Group 2)

They were never loving and affectionate, the way we are with ours ... you knew that they liked you, but there was none of this cuddling or hugging, you know. I think I introduced that to my family, once my mother died, I think I had people that never had hugged in their lives, and I just have done that ever since .... it was, like, that generation, who'd gone through the war, and they didn't show their emotions ... my Dad was always very affectionate. My mother, because her mother and father had been like that, wasn't so much so ... I think it made a difference to the way I brought up my children, I was, you know, although ... I was maybe impatient at times, I tried to be loving ... I was affectionate with them, they got cuddles and we'd talk, we'd talk if there was a problem ... I'd always try and talk to them, because I don't think, like my mother never did, and I tried talking to my Dad, and he was like, yeah, yeah, he just didn't want to ...

(Myra, Group 2)

I don't think the community has any kind of view about me. I think it's much more socially acceptable for grandfathers in particular to be involved now.... Certainly when I was young, grandfathers didn't really particularly engage. Maybe that was just mine but you know, I don't think they did. Men didn't really get involved with children until they were kind of mini-adults.

(James, Group 3)

... that's the way grandfathers were, they sat in the corner and puffed their pipe, sat in front of the fire ... and watched the world go by. 'Come on and I'll tell you a story about my great-grandfather' ... It was storytime!

(Greg, Group 3)

But when they were alive, we never knew them then, right? ... We used to visit my grandfather and my granny ... It was every Friday or every Saturday, it was always one day a week or one night a week ...

(Mark, Group 3)

... my grandfather he stayed with an aunt and uncle and her family because he was 'in retirement'.... So my experience of him was always as part of another family rather than as a kind of grandfather in isolation ... you just thought he was - he was a great old man! (Laughter) and he was deaf... if he was looking after you, in that he was in the same room as you, more or less as soon as you moved he would just shout for my auntie to come and do something about us!

(Mark, Group 3)

My grandfather, he was into bees, so he was always up with the bees, 'come up and see the bees, they don't sting when they're .... after I got stung three or four times.... 'Go away!'

(Mark, Group 3)

My grandfather made me a fishing rod (yeah, they did things with you) with a big pin. He told me, 'if you get a hook in your finger you'll have to go to the doctor to get it cut open!'

(Mark, Group 3)

I had a lot to do with my grandparents, but not to the same extent that they would care for me, be looking after me on a daily basis

(Marie, Group 4)

... My dad died fairly young ... when we had our first son he was quite ill ...then I think he died fairly quickly so there wasn't a lot of contact there and then we didn't have any contact with his wife, and on my wife's side, her mum was a good bit older and her husband had died when my wife was ... early 20s so there wasn't grandfathers there ... I think I missed a bit of that, so I think that was quite important when we had grandchildren that we would contribute ... have that contact.

(Graham, Group 5)

I did have a grandfather ... he lived with us ... he and I just didn't get on, but he was very ill and very probably in a lot of pain, and I didn't understand that, I was a young laddie. So there was a lot of friction.

(John, Group 5)

I don't know where people get their ideas, I suppose their own ideas are their own experiences, really.

(John, Group 5)

There's eighteen years between my sister and I and 14 between my brother. And after my Mum died my Dad was working and tried to look after me as well but he was drinking at weekends and I went to stay with a cousin I hated, hated with a vengeance, I kept running away. So my sister took me by the age of 22 I think she was, she was married and divorced with three children of her own, plus me ... she was 75 this year, spritely, still bowling and stuff like that, you know. Still got my sister - still got my brother but haven't spoken to him in about 6 years, five or six years. He's a strange kettle of fish, my brother, compared to me and my sister....

(Claire, Group 1)

## 7.2 *Experience as a parent*

I think because I had to work, mine had to go to the childminder, and stuff like that, I just felt, well, I'm here ...

(Claire, Group 1)

I just said I was looking after mine. Basically I split up with their father when my son was two and I was full time ward sister in mental health. I had four baby sitters at one time because of the shifts... and then money to pay everybody - we got there but it was a struggle... some months, especially 5-week months, and I thought, I don't want *my daughter* to have to struggle, especially with the price of childcare

(Claire, Group 1)

My own experience as a parent was difficult ... it was hard to be working full-time and looking after a small child really by myself... When I got out of that marriage then ... I felt even more sense of responsibility to provide everything.

(Mary, Group 1)

Work were anything but sympathetic, I was in a male dominated environment, and while they had every sympathy for the dads, who might need to take time because their wives weren't

available for some reason, I got absolutely no support when I was the mother and needed to look after ... especially if she was ill ... it was just too traumatic.

(Mary, Group 1)

I think it was so difficult to give my whole self when *my daughter* was small, and it's probably the same for anybody ... When you're younger there's always going to be something that stops you giving that 100%, because you've got so many other things that you've got no choice.

(Mary, Group 1)

in my time I didn't go back to work, the smaller things, just getting out for appointments where you might not want to take the children. So it was a bit of my own experience, remembering how hard it was, and being in a position that I was close, hopefully being closer was in a position to help ...

(Anna, Group 2)

Although I enjoyed being a parent, I loved being a mother, I feel I've got a different relationship with my I was the first in family that had babies, I had never been around babies when I grew up so they were slightly alien to me, and I was, if I'm honest ... when *my daughter* arrived, I was totally shell-shocked for quite a long time, and your life is just turned so much upside down.

(Anna, Group 2)

grandchildren, and I read the saying 'you're given children to love, but grandchildren to adore', and I really think that really sums up ... I love my children dearly but I adore my grandchildren ... and I'm probably a lot more patient granny than I was a mother.

(Myra, Group 2)

I didn't get any sleep with mine ... I took him to get my family allowance at the little sub post office and I went in then I thought, oh I need to get something in the baker's ... and I just came and went away and I was standing in the lift and I went oh! I've forgotten something! And I mean, the woman, it was the bakers, and she says she saw, and she said, she was keeping an eye, I went, and there he was, he was only about a month old or something, and I thought, I forgot something! I only did that once.

(Pat, Group 4)

I can remember the first time I had my son out ... I forgot I had the pram with me, and I walked two or three shops along, I suddenly realised, I've got the baby with me! ....

(Marie, Group 4)

I certainly felt that quite nervous, I suppose, at first ... lifting the wee one up or ... nappy changing ... you know I did all these things when ours were young ... When I was a young parent, you know we had to do it ... you just mucked in there. We certainly shared ... all the responsibilities. I think I've been quite not apprehensive ... with the wee one ... just so small and kind of fragile ... I'm getting beyond that, I kind of get more confidence, in a sense, as I get to know the wee one.

(Graham, Group 5)

My sister died ... when I was quite young ... so my experience of childhood as a teenager onwards was as an only child, and I married a woman who was one of 10, a huge family... Each of these other siblings had their core group within that family, it was so huge, and I was always impressed with that, and I thought, 'What a wonderful lifestyle to have, brothers and sisters', and I was very determined that I was going to have more than one child. I actually had four children ... Unfortunately that marriage fell apart for one reason or another and I then got involved with the woman I'm with now, and she has three children of her own, so I've got to all intents and purposes seven children.

(John, Group 5)

It's certainly a lot easier now. I used to look after my own kids on a Sunday because my wife worked night shift, she was a nurse so normally when I looked after them I had to be out of the house or they'd keep her awake you know. So she needed six hours, seven hours, so it was quite tricky finding somewhere where the kids could do something out and about all day, winter and, summer wasn't bad, but I can remember taking them places like the Forth Bridge, 'See how fast we can walk across the bridge!'

(John, Group 5)

... it's been ... quite a different vibe working ... being with my grandchildren than it was with my own children. I'm quite astonished how relaxed my daughter is with her children – I'm on edge all the time – I know I wasn't on edge all the time with my own children, so you know there's a different, a very different feeling towards caring for grandchildren and caring for your own children. I think there's a familiarity with your own children that you don't have with your grandchildren ... you know like walking along the pavement ... 'stick together!'. With my own kids I can't remember worrying about that. Maybe a different ....

(John, Group 5)

I think physically it's hard, and I think it's great ... you realise ... what your sons, daughters, daughters-in-law are ... coping with all the time ... you forget how you managed yourself ... when we were younger ...

(Graham, Group 5)

....one thing that I'm not, is a parent. I've never had any kids (right). My late wife who had nephews and nieces, that was my first experience with children ... my youngest one, the day she was born, I've always been there for her as an uncle.

(Robert, Group 5)

### 7.3 *Experience of family and community support*

I have family (in a different part of Glasgow), I was here, they were all working... It was my daughter, we kept her at school here for another year, so I was having to drop her off, a friend was taking her to school. I was having to pick her up and go back, and leave her with somebody else, and it was like ships in the night, it was just so difficult.

(Claire, Group 1)

When I moved, a couple who I got friendly with .... *The husband* had been made redundant ... so he took on the role of looking after them, and it was a godsend, because they were across the road... I don't know what I'd have done without them - he did the school trips and everything because I couldn't get the time off work!

(Claire, Group 1)

When I had my own family, I had no support at all, there was nobody. I only had one grandfather that was quite close, my parents were quite far away, both a bit elderly, and my mother had had strokes ... so there was no possibility at all. And I found personally that that was quite stressful, for not just the big things,

(Anna, Group 2)

I can remember that when I came back from hospital with my first son, and my mother just said well, you know where I am if you need me, and we were just left to get on with it. And it wasn't that I didn't have any experience of children, because my brother had his two wee ones at that time. So we ... read books.

(Liz, Group 2)

My husband's father was very supportive... I don't know if that was because he was on his own, it wasn't his first grandchild ... But I mean if anybody ... if we needed a babysitter he would come and do it.

(Liz, Group 2)

... my Dad was very good, he was very good. And he would come up and he would play with them ... and he would take them out and about ... And they loved going to Grandad's -

to babysit - he babysat them - because he often fell asleep, and they could do what they wanted! ... you think now, you wouldn't do that...

(Myra, Group 2)

My Dad was good at taking us out for tea, he was very good, and we would always try to pay, and he would say, 'Na, na, you wait there'll come a time' and there did come a time, and he said, well it's your turn now. And he would let us pay when he was much older.

(Myra, Group 2)

Although my husband and I were hard up, we always had... enough to get by... my Dad would sometimes come up, and he would say, 'Now, I'm giving you this because there's no point giving you it when I'm dead', so he would give us £50 and we would go 'No no no...' 'Get the bairns shoes'... That was my Dad, who had realised perhaps that we were financially strapped at times, and would just come and give us a little something that made all the difference.

(Myra, Group 2)

... my kids were really young I was on my own with them, for a while and my mother was quite close by, but she was a good support and would take them, the three children .... babysit or if maybe one was ill and I was working ... she worked as well so she would try and be there, but she would never have the three of them, overnight, because it was just too much for her and you would have to accept that that's the situation.

(Debbie, Group 4)

...I felt there was a kind of miss for our two sons in a sense, not having grandparents. Maybe they would have been crotchety or kind of grumpy I don't know but they never had that experience...

(Graham, Group 5)

I think we had to be quite independent in a sense ... and I suppose we relied on friends more, a .... we had to make do, because ... at certain times I was a student and ... obviously, having young children money was tight...

(Graham, Group 5)